2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N11053

Entity Name: CITRUS SPRINGS SURVEILLANCE UNIT, INC.

Current Principal Place of Business:

11972 N BLUFF COVE PATH
DUNNELLON, FL 34434

New Principal Place of Business:

Current Mailing Address:

11972 N BLUFF COVE PATH
DUNNELLON, FL 34434

New Mailing Address:

FEI Number: 59-2613645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXAM, TOMIE SUE
11972 N BLUFF COVE PATH
DUNNELLON, FL 34434 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: LOCKE, HAL
Address: 1150 CAIRO DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: VPVC ( ) Delete
Name: MILLER, STANLEY
Address: 6947 N. LOCKWOOD WAY
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: TD ( ) Delete
Name: HOFSTETTER, FRANK
Address: 2476 N. ERIC DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: SD ( ) Delete
Name: MAXAM, TOMIE
Address: 11972 N. BLUFF COVE PATH
City-St-Zip: DUNNELLON, FL 34434

Title: C ( ) Delete
Name: EMOND, KATHLEEN
Address: 1615 ADAIR LN
City-St-Zip: CITRUS SPRINGS, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MAXAM, TOMIE S
Address: 11972 N. BLUFF COVE PATH
City-St-Zip: DUNNELLON, FL 34434

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMIE SUE MAXAM SD 02/05/2009

Electronic Signature of Signing Officer or Director — Date