

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11053

FILED
Apr 05, 2010
Secretary of State

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:

2476 W. ERIC DR.
CITRUS SPRINGS, FL 34434

Current Mailing Address:

11972 N BLUFF COVE PATH
DUNNELLON, FL 34434

New Mailing Address:

2476 W. ERIC DR.
CITRUS SPRINGS, FL 34434

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:

HOFSTETTER, FRANK
2476 W. ERIC DR.
CITRUS SPRINGS, FL 34434 US

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: FRANK HOFSTETTER

04/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: EMOND, WILLIAM
Address: 1615 ADAIR LN.
City-St-Zip: CITRUS SPRINGS, FL 34434

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

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

Title: SD
Name: KOSTIGE, GLORIA
Address: 2081 W. GARDENIA DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK HOFSTETTER

TD

04/05/2010

Electronic Signature of Signing Officer or Director

Date