


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90080 007 \*\*\*\*61.25

DOCUMENT # N16521		
1. Entity Name CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP		
Principal Place of Business 5720 SOUTH EATON TERRACE INVERNESS FL 34452 US		Mailing Address 5720 SOUTH EATON TERRACE INVERNESS FL 34452 US
2. Principal Place of Business 15 MATRICARIA CT.		3. Mailing Address 15 MATRICARIA CT.
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State HOMOSASSA, FL	City & State HOMOSASSA, FL	4. FEI Number 59-2720565	Applied For Not Applicable
Zip 34446-5903	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALTMATSH, JOHN SR. 5720 SOUTH EATON TERRACE INVERNESS FL 34452		7. Name and Address of New Registered Agent Name: ROBERT B. SPENCE Street Address (P.O. Box Number is Not Acceptable): 15 MATRICARIA CT. City: HOMOSASSA FL Zip Code: 34446-5903	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ROBERT B. SPENCE *Robert B. Spence* DATE: 2-15-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCE, ROBERT 15 MATRICARIA CT HOMOSASSA FL 34446-5903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert B. Spence 15 Matricaria Ct. Homosassa, FL 34446-5903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMIEUX, ARTHUR 6366 E. MOCKINGBIRD LANE INVERNESS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul F. Donohoe President 1171 E. Triple Crown Ln Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID MACNEILLE, ROBERT 5105 NEWCROSS ST BROOKSVILLE FL 34601-2353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALTMARSH, JOHN 5720 S EATON TERR INVERNESS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. Spence (Robert B. Spence) Date: 2-15-05 (352)  
Signature and typed or printed name of signing officer or director Daytime Phone # 382-0336