


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 003 ****61.25

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| DOCUMENT # N93000002393 |  |
| 1. Entity Name CITRUS "A'S INC. | |

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| Principal Place of Business P.O. BOX 973 LECANTO, FL 34460 | Mailing Address P.O. BOX 973 LECANTO, FL 34460 |
|--|--|

30063598

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| 2. Principal Place of Business P.O. Box 397 | 3. Mailing Address P.O. Box 397 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Inverness FL | City & State Inverness FL |
| Zip 34451 | Country Citrus |



08242005 Chg-NP CR2E037 (10/03)

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| 6. Name and Address of Current Registered Agent DE TOMASI, JERRY 5454 S CONCORD TER INVERNESS, FL 34452 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reconstating) | DATE _____ |
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| Filing Fee is \$61.25 Due by September 7, 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 BROWN, ROYAL 8740 E LAREN CT. INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Yurga, Ken 4783 S. Old Floral City Rd. Inverness, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD YURGA, KEN 4783 S OLD FLORAL CITY RD. INVERNESS, FL 34450 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Mary Sue Goyette 3671 No. Eisenhower Ave. Hernando FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LOSEBY, PAUL 5620 W CROSSMOOR LECANTO, FL 34481 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Martha Heaton 419 S. Nesbitt Terr. Inverness FL 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DE TOMASI, JERRY 5454 S CONCORD TERR INVERNESS, FL 34452 <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 |
| 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 |

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| 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: <u>Martha Heaton</u> <u>Martha Heaton</u> <u>8/25/05</u> <u>637-4287</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |