2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90010 040 ****61.25

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1. Entity Name
CITRUS "A"S INC.

Principal Place of Business	Mailing Address
P.O. BOX 397 INVERNESS, FL 34451	P.O. BOX 397 INVERNESS, FL 34451

01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3240346
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE TOMASI, JERRY
5454 S CONCORD TER
INVERNESS, FL 34452

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YURGA, KIM
STREET ADDRESS	4783 S OLD FLORAL CITY RD
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VP
NAME	GOYETTE, MARY SUE
STREET ADDRESS	3671 NO EISENHOWER AVE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	S
NAME	HEATON, MARTHA NEW SECRETARY 3 YEARS
STREET ADDRESS	419 S NESBITT TERR NOT TOM SANG
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	T
NAME	DE TOMASI, JERRY
STREET ADDRESS	5454 S CONCORD TERR
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	SEGN A-A
NAME	JACK DAVIS
STREET ADDRESS	905 GREAT PINE POINT
CITY-ST-ZIP	INVERNESS FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jerry De Tomasi 2-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #