

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004658

Entity Name: CITRUS 20/20 INC.

FILED  
Mar 16, 2004  
Secretary of State

## Current Principal Place of Business:

C/O RICHARD CLAY  
330 N. BLUFFWOOD TERR.  
CRYSTAL RIVER, FL 34429 US

## Current Mailing Address:

P.O. BOX 1141  
LECANTO, FL 34460 US

## New Principal Place of Business:

C/O GUNNAR ERICKSON  
5131 S MANATEE TERRACE  
HOMOSASSA, FL 34446 US

## New Mailing Address:

5131 S MANATEE TERRACE  
HOMOSASSA, FL 34446 US

FEI Number: 65-0616903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAY, RICHARD  
330 N. BLUFFWOOD TERR.  
CRYSTAL RIVER, FL 34429 US

## Name and Address of New Registered Agent:

ERICKSON, GUNNAR  
5131 S MANATEE TERRACE  
HOMOSASSA, FL 34446 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: GUNNAR M. ERICKSON

03/16/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: CLAY, RICHARD  
Address: 330 N. BLUFFWOOD TERR.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DV ( ) Delete  
Name: NAVE, PATIENCE  
Address: 40 PINE ST.  
City-St-Zip: HOMOSASSA, FL 34426

Title: DST ( ) Delete  
Name: ERICKSON, GUNNAR M  
Address: 5131 S MANATEE TERRACE  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: NAVE, PATIENCE  
Address: 40 PINE ST.  
City-St-Zip: HOMOSASSA, FL 34446

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUNNAR M. ERICKSON

DST

03/16/2004

Electronic Signature of Signing Officer or Director

Date