

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 15, 2005
Secretary of State

DOCUMENT# N98000003977

Entity Name: CITRUS CARS OF POLK COUNTY, INC.**Current Principal Place of Business:**205 E MAIN ST, STE 107
BARTOW, FL 33830**New Principal Place of Business:****Current Mailing Address:**205 E MAIN ST, STE 107
BARTOW, FL 33830**New Mailing Address:****FEI Number:** 59-3528855**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LANG, THOMAS F
SHUFFIELD, LOWMAN & WILSON, P.A.
GATEWAY CTR 1000 LEGION PLACE STE 1700
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: BRANCH, NEAL
Address: 175 5TH SW SUITE 201
City-St-Zip: WINTER HAVEN, FL 33880**Title:** CEVD () Delete
Name: WATSON, PHYLLIS
Address: P.O. BOX 95448
City-St-Zip: LAKELAND, FL 33804**Title:** STD () Delete
Name: WORTHINGTON, TERRY
Address: P.O. BOX 1357
City-St-Zip: HIGHLAND CITY, FL 33846**Title:** D () Delete
Name: STEDEM, MIKE
Address: P.O BOX 976
City-St-Zip: FORT MEADE, FL 33841**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: STEDEM, MIKE
Address: P.O BOX 976
City-St-Zip: FORT MEADE, FL 33841**Title:** CD (X) Change () Addition
Name: CLARK, TOM
Address: 12 BRIDGEWATER DRIVE
City-St-Zip: WINTER HAVEN, FL 33884**Title:** TD (X) Change () Addition
Name: YOUNG, ELIZABETH
Address: 720 DELAWARE AVENUE
City-St-Zip: FT. PIERCE, FL 34950**Title:** D (X) Change () Addition
Name: THOMPSON, NANCY
Address: 205 EAST MAIN STREET, SUITE #107
City-St-Zip: BARTOW, FL 33830

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: NANCY P. THOMPSON

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date