

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90358 032 ****70.00

DOCUMENT # N98000003977

1. Entity Name
CITRUS CARS OF POLK COUNTY, INC.



Principal Place of Business
205 E MAIN ST, STE 107
BARTOW, FL 33830

Mailing Address
205 E MAIN ST, STE 107
BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3528855

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. 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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEDEN, MIKE P.O BOX 976 FORT MEADE, FL-33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARK, TOM 12 BRIDGEWATER DRIVE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, ELIZABETH 720 DELAWARE AVENUE FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, NANCY 205 EAST MAIN STREET, SUITE #107 BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Nancy Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06

863-519-0100

Nancy Thompson, Executive Director