

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000002764

1. Entity Name  
CITRUS HILLS CABLE TV, INC.



Principal Place of Business  
2450 N CITRUS HILLS BLVD  
HERNANDO, FL 34442

Mailing Address  
2450 N CITRUS HILLS BLVD  
HERNANDO, FL 34442



03182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3520413

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

PETERSON, THOMAS E  
136 E. JOPLIN CT.  
HERNANDO, FL 34442-8389

**DO NOT WRITE  
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, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000347318  
04/30/05-80111-003 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PETERSON, THOMAS E  
STREET ADDRESS 136 E JOPLIN CT.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE VD  
NAME COLLINS, ROBERT  
STREET ADDRESS 1882 W STAFFORD ST  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE SD  
NAME ROSEBERRY, MINEY  
STREET ADDRESS 270 W LIBERTY STREET  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D  
NAME KEATING, JOHN  
STREET ADDRESS 2280 N GLADES PT.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D  
NAME KEAN, WARREN  
STREET ADDRESS 400 E. DAKOTA CT.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D  
NAME DONAHUE, JOHN  
STREET ADDRESS 407 W DOERR PATH  
CITY-ST-ZIP HERNANDO, FL 34442

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05

752-786-3624