


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007064 1. Entity Name CITIZENS FOR SANITY, PASCO COUNTY, INC.	
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Principal Place of Business 3108 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639	Mailing Address 19840 SR 54 LUTZ, FL 33558
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04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMETTA, DAN
19840 SR 54
LUTZ, FL 33558

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLSON, CLAY GILMAN 4318 JOY ROAD LAND O LAKES, FL 34639
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, HARRY M 23032 GENEVA ROAD LAND O LAKES, FL 34639
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANSOFFER, TERESA 4409 MITCHELL ROAD LAND O LAKES, FL 34639
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMETTA, DAN 19840 STATE RD 54 LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(f), 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

04/21/05

213-9494628