

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007064

1. Entity Name
CITIZENS FOR SANITY, PASCO COUNTY, INC.



Principal Place of Business
3108 LAND O'LAKES BLVD.
LAND O'LAKES, FL 34639

Mailing Address
19840 SR 54
LUTZ, FL 33558



03182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMETTA, DAN
19840 SR 54
LUTZ, FL 33558

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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 D
NAME COLSON, CLAY GILMAN
STREET ADDRESS 4318 JOY ROAD
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE D
NAME WRIGHT, HARRY M
STREET ADDRESS 23032 GENEVA ROAD
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE D
NAME RANSOFFER, TERESA
STREET ADDRESS 4409 MITCHELL ROAD
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE D
NAME RAMETTA, DAN
STREET ADDRESS 19840 STATE RD 54
CITY-ST-ZIP LUTZ, FL 33558

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000538134
05/09/06-80044-025 61.25

**DO NOT WRITE
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/06 813-947-4628