

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 047 ***150.00

DOCUMENT # P00000003955

1. Entity Name
CITRO PRO, INC.



Principal Place of Business
199 AVE. K.S.E.
WINTER HAVEN, FL 33880

Mailing Address
199 AVE. K.S.E.
WINTER HAVEN, FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3614946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEELING, RONALD C
3754 CENTRAL AVE
SAINT PETERSBURG, FL 33711

7. Name and Address of New Registered Agent

Name
Keith, W.C.

Street Address (P.O. Box Number is Not Acceptable)
1517 Commercial Park Dr.

City
Lakeland

FL

Zip Code
33801

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

4/24/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KNIGHT, JAMES
STREET ADDRESS 199 AVE. K.S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE VP ☐ Delete
NAME RUGGIERI, MARK
STREET ADDRESS 199 AVE. K.S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE S ☒ Delete
NAME KNIGHT, KITTY
STREET ADDRESS 199 AVE. K.S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE VP ☐ Delete
NAME WILSON, DENNY
STREET ADDRESS 6645 WILLOWS WAY
CITY-ST-ZIP CUMMING, GA 30040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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 #