2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000085327

Entity Name

CITRUS SERVICE AND CONSULTING, INC.



FILED
Jan 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

5520 COMMERCIAL BLVD. WINTER HAVEN, FL 33880 P O BOX 201

AUBURNDALE, FL 33823-0201



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3676674

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, JAMES M ESQ. 1831 N. BELCHER RD., #A-1 CLEARWATER, FL 33765

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The above named e	itity submits this statement for	the purpose of changing its regist	ered office or registered agent	, or both, in the State of Florida.	I am familiar with, a	and accept
the obligations of reg	istered agent.				. ,	

SIGNATURE.

HE.___

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May 6e Added to Fees

A Cet III.	ay 1, 2000 fee will be 4550.00				
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEAL, MICHAEL R 2263 MANOR BLVD N CLEARWATER, FL 33765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, JEREMY 1481 EXCALIBUR DRIVE CLEARWATER, FL 33764				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, VICKI 1481 EXCALIBER DRIVE CLEARWATER, FL 33764	_			
TITLE NAME STREET ADDRESS CRY-ST-ZIP					
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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12. I hereby certify that the information supplied with this filling 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 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 ON PRINTED NAME OF SIGNING OFFICE

Vicki W. Cook

V11106 5

863-965-0872