


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90010 026 \*\*\*150.00

DOCUMENT # P00000085327	
1. Entity Name CITRUS SERVICE AND CONSULTING, INC.	

Principal Place of Business 5520 COMMERCIAL BLVD. WINTER HAVEN, FL 33880	Mailing Address P O BOX 201 AUBURNDALE, FL 33823-0201
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01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3676674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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<b>DO NOT WRITE IN THIS SPACE</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE 

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 EXCALIBUR DRIVE) CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 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 #