


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000106367 1. Entity Name CITRUS GREEN DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business 5701 MAIN STREET NEW PORT RICHEY, FL 34652	Mailing Address 5701 MAIN STREET NEW PORT RICHEY, FL 34652
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03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AUVIL, JONATHAN L 37837 MERIDIAN AVE STE 314 DADE CITY, FL 33525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 MALLET, LESTER 5703 MAIN STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, JASON B 184 HUNTLEY OAKS BOULEVARD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALLET, VICTOR A 5709 OLYMPIA STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUBBARD, CHLO G 5701 MAIN STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000274848 03/24/05-80026-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Lester Mallett  **1.3-21-05 (727) 847-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #