

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000106367**

1. Entity Name  
**CITRUS GREEN DEVELOPMENT CORPORATION, INC.**



Principal Place of Business  
**5703 MAIN ST  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**5703 MAIN ST  
NEW PORT RICHEY, FL 34652**



04292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3683764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000750069  
05/18/07-80046-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MALLET, LESTER
STREET ADDRESS	5703 MAIN STREET
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652
TITLE	P
NAME	ROGERS, JASON B
STREET ADDRESS	184 HUNTLEY OAKS BOULEVARD
CITY - ST - ZIP	LAKE PLACID, FL 33852
TITLE	V
NAME	MALLET, VICTOR A
STREET ADDRESS	5709 OLYMPIA STREET
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652
TITLE	ST
NAME	HUBBARD, CHLO G
STREET ADDRESS	7916 EVOLUTIONS WAY STE 104
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 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:** Chlo G. Hubbard *Chlo G. Hubbard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07 (727) 375-7722

Date

Daytime Phone #