## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 08:00 AM Secretary of State

	ANNUAL R	<del></del>		<del>-</del>	S	ecretary of Stat
DOCUMENT # P01000029802					D.	cerciary or stat
1. Entity Name CITRUS COUNTY TITLE, INC.						
Omno	000111111122, 1110.					
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7419 US HI	"	Mailing Address 7419 US HIGHWAY 19		}		
		NEW PORT RICHEY, FL 34652		1		
}				1 104 1048	     <b>           </b>	### ##### #### ####  #### ############
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DO NOT WRITE IN THIS SPACE				01222005	No Chg-P	CR2E034 (10/03)
<u> </u>	O NOT WHILE I	N ITIIO OFAI	UE.	4. FEI Numl 59-37		Applied For Not Applicable
}		The state of the s		J		\$8.75 Additional
		<u> </u>		5. Certificat	e of Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
CARTER, DAVID R 7419 US HIGHWAY 19 NEW PORT RICHEY, FL 34652				DO	NOT W	/RITE
NEW FORT MODEL, PE 34002			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						
<del></del>	organization, typica or primate spanie of inspiration of inspiration of the control of the contr	J. approach (No. 1 cognitive	o Agont agriculore ii	addited which tendentify	<del></del>	- DAIL
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550 On Trust Fund Contribution.				\$5.00 May Be Added to Fees		
Aitel may 1, 2000 I de will be \$500,000				Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME	CARTER, DAVID R					The state of the s
STREET ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		4		00000	0205540
TITLE NAME	P CARTER, DAVID R	!		—————————————————————————————————————	01/31/05	-80043-013 150.00
STREET ADDRESS	The state of the s	,1	ł			
City-St-zip	NEW PORT RICHEY, FL 34652					
TITLE	S		<b></b> -			
NAME Street address	CARTER, DAVID R 7419 US HIGHWAY 19					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			DO	NOT W	/RITE
TITLE	T	<del></del>		INI	THIS SI	DACE
NAME	CARTER, DAVID R				11119 91	PACE
STREET ADDRESS CITY - ST - ZIP	7419 US HIGHWAY 19 NEW PORT RICHEY, FL		l			
TITLE	D D	<del></del>	<b></b>		"	
NAME	CARTER, VICTORIA H		ļ			
STREET ADDRESS	7419 US HIGHWAY 19					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 time empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS NEW PORT RICHEY, FL 34652

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

126 05

727-846-1828