

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 029 ***150.00

DOCUMENT # P01000072123

1. Entity Name
CITRUS REIT CORPORATION



Principal Place of Business: **1200 RIVERPLACE BLVD., STE. 830 JACKSONVILLE, FL 32207**

Mailing Address: **1200 RIVERPLACE BLVD., STE. 830 JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40030730



03042008 Chg-P CR2E034 (12/06)

4. FEI Number: **57-3735686**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: HUMMERS III, WILLIAM S STREET ADDRESS: 1200 RIVERPLACE BLVD STE 830 CITY-ST-ZIP: JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: James R. Gordon STREET ADDRESS: 104 S. Main St. CITY-ST-ZIP: Greenville, SC 29601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: CRAWFORD, WILLIAM P STREET ADDRESS: 1200 RIVERPLACE BLVD STE 830 CITY-ST-ZIP: JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE: STD NAME: William P Crawford STREET ADDRESS: 104 S. Main St. CITY-ST-ZIP: Greenville, SC 29601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William P. Crawford 3/18/08 (864) 255-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #