



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000091326	
1. Entity Name TASKMASTERS OF CITRUS COUNTY, INC.	

Principal Place of Business 1 W. MURRAY STREET BEVERLY HILLS, FL 34465	Mailing Address P.O. BOX 640517 BEVERLY HILLS, FL 34465
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

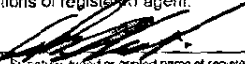
4. FEI Number 59-3752295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASTRO, JOHN PHILLIP
2389 S. SUMMERWOOD POINT
INVERNESS, FL 34450

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  **JOHN P. CASTRO PRES.** **2-22-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 D	NAME CASTRO, JOHN PHILLIP
STREET ADDRESS 2389 S. SUMMERWOOD POINT	
CITY-ST-ZIP INVERNESS, FL 34450	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
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CITY-ST-ZIP	

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02/23/05-80014-017 158.75

DO NOT WRITE IN THIS SPACE

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 of 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 an officer like empowered.

SIGNATURE:  **JOHN P. CASTRO PRES.** **2-22-05** **352-302-1539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #