



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, JOHN PHILLIP 2389 S. SUMMERWOOD POINT INVERNESS, FL 34450	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JOHN PHILLIP CASTRO 1-25-06 352-341-4663 <small>Date Daytime Phone #</small>



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3752295

Applied For
Not Applicable

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

000000405007
02/07/06-80023-019 158.75

**DO NOT WRITE
IN THIS SPACE**