2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P01000118227 1. Entity Name CITRUS SECURITY SERVICES, INC.			Secretary of State 04-27-2006 90173 018 ***158.75
Principal Place of Business 105 N. APOPKA AVE. INVERNESS, FL 34450	Mailing Address 105 N. APOPKA AVE. INVERNESS, FL. 34450	. ,	40065769
2. Principal Place of Business 6/08 E Peach ST. Suite, Apt. #. etc.	3. Mailing Address	ach St	
Inverness City & State	Invernes City & State	22,	04252006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For
<i>F</i> /.) <i>P1</i>	Country	59-3707657 Not Applicable
34453 Euring rus		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
Name /			112 800 10
3020 E. GOLL TO EARCHWYT. 44			(P.O. Box Number is Not Acceptable)
INVERNESS, FL 34452		610	08 E. Peach St
Inverness FL 32452			
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 Shuendly Reactor / Edmund W Seardon 4-36-06 (NOTE: Registered Agent signature required which reinstating) DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
19. OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME REARDON, EDMUND	☐ Defete	TITLE RAME	eardon Edmund Change Addition 108 E. Peach St
GITY-SP-ZIF INVERNESS, FL. 34450		-STREET ADDRESS 6	nuerness, Fl. 34452
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET AUDHESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-7IP TITLE	☐ Detiete	CITY-ST-7IP	☐ Change ☐ Addition
NAME		NAME	T cleaffe T wantun
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	C Centroler.	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-JDP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME SCHIELT AMERICAS	
CRT-ST-78 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 attactinent with an acidress, with all other like empowered.			
SIGNATURE: Emer	W Rear	- Son	4/-210-16 0039
Edmund	WREar	TO PROTECTION	Total Daylane Phone H