

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90023 046 ***150.00

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1. Entity Name

CITIZENS FINANCIAL PARTNERS, INC.



Principal Place of Business

156 GENEVA DRIVE
OVIEDO FL 32765-7203

Mailing Address

PO BOX 620729
OVIEDO FL 32765-0729

34014055



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2371611

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

LEE, RICHARD H
156 GENEVA DRIVE
OVIEDO FL 32765-7203

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LEE, RICHARD H
STREET ADDRESS 1055 BRUMLEY RD
CITY-ST-ZIP CHULUOTA FL

TITLE V ☐ Delete
NAME SLATTERY, TIM
STREET ADDRESS 2060 WILLINGHAM RD
CITY-ST-ZIP CHULUOTA FL

TITLE V ☐ Delete
NAME DRUMMER, DON
STREET ADDRESS 169 EASTON CIR
CITY-ST-ZIP OVIEDO FL

TITLE SV ☐ Delete
NAME CALHOUN, KEN
STREET ADDRESS 1033 SHINNCOCK HILLS
CITY-ST-ZIP OVIEDO FL

TITLE S ☐ Delete
NAME DUNMIRE, GLORIA
STREET ADDRESS 1425 BRIDLEBROOK DR
CITY-ST-ZIP CASSELBERRY FL

TITLE T ☐ Delete
NAME MOORE, PAULA
STREET ADDRESS 736 INNSBRUCK DR
CITY-ST-ZIP ORLANDO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SEE ATTACHED
FOR COMPLETE LISTING

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 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: *Richard H. Lee*

RICHARD H. LEE, PRESIDENT

1/26/04

407-365-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #