

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91019 032 ***150.00

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DOCUMENT # P03000108603

1. Entity Name

CITRUS HOMES OF ZEPHYRHILLS, INC.



Principal Place of Business

35162 STATE ROAD 54
ZEPHYRHILLS FL 33541

Mailing Address

35162 STATE ROAD 54
ZEPHYRHILLS FL 33541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3773469

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ARTMAN, STEPHEN H ESQ.
925 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PETENBRINK, WILLIAM A II
4515 SE 48TH PLACE ROAD
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Malanowicz, Mark
5602 Riva Ridge Drive
Wesley Chapel, FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FUTRELL, JON M
2785 SUMMITVIEW DRIVE
LAKELAND FL 33813

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

4/8/04

813/788-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #