

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049726

Entity Name: CITRUS WASTE SERVICES, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

408 CYPRESS ROAD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 641448
BEVERLY HILLS, FL 344641448 US

New Mailing Address:

FEI Number: 20-0886818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOURENCO, JOSEPH M
408 CYPRESS ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LOURENCO, GERALD
Address: 9875 SE 58TH AVENUE
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D () Delete
Name: LOURENCO, JOSEPH
Address: 6030 SE 99TH PLACE
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D () Delete
Name: SOSA, ROGER
Address: 5400 SE 17TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: VP () Delete
Name: SOSA, ROGER ANTHONY
Address: 5400 SE 17TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: P () Delete
Name: LOURENCO, JOSEPH MICHAEL
Address: 6030 SE 99TH PLACE
City-St-Zip: BELLEVIEW, FL 34420 US

Title: S () Delete
Name: PRICE, GORDON M
Address: 5540 SE 21ST LANE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOURENCO, JOSEPH
Address: 11772 N BLUFF COVE PATH
City-St-Zip: DUNNELLON, FL 34434 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LOURENCO, JOSEPH MICHAEL
Address: 10620 SE 73 AVE
City-St-Zip: BELLEVIEW, FL 34420 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M LOURENCO

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date