2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065052

1. Entity Name
CITRUS COUNTY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
905 DELAWARE ST SAFETY HARBOR, FL 34695	905 DELAWARE ST SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0867407	Not Applicable

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

6. Name and Address of Current Registered Agent

DESAULNIERS, DAVID
905 DELAWARE ST
SAFETY HARBOR, FL 34695

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_____

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

5-18-06

00000400278
02/01/06-80047-002 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	DESAULNIERS, DAVID	
STREET ADDRESS	905 DELAWARE ST	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____ DAVID DESAULNIERS 1-17-06 722-726-5386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #