

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082462

Entity Name: CITRUS SOFTWARE INC.

FILED  
Mar 24, 2007  
Secretary of State

## Current Principal Place of Business:

22 MASTERS DR. SOUTH  
HOMOSASSA, FL 34446 US

## New Principal Place of Business:

## Current Mailing Address:

22 MASTERS DR. SOUTH  
HOMOSASSA, FL 34446 US

## New Mailing Address:

FEI Number: 65-1255229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEVLIN, MARYLOU VP  
22 MASTERS DR SOUTH  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

SHEVLIN, MARYLOU D  
22 MASTERS DR SOUTH  
HOMOSASSA, FL 34446 US

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: MARYLOU SHEVLIN

03/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SHEVLIN, ROBERT T  
Address: 22 MASTERS DR SOUTH  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP ( ) Delete  
Name: SHEVLIN, MARYLOU  
Address: 22 MASTERS DR SOUTH  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: S (X) Delete  
Name: MCLEOD, JEANINE M  
Address: 31509 WRENCREST DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: T (X) Delete  
Name: MCLEOD, DAVID  
Address: 31509 WRENCREST DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHEVLIN, ROBERT T  
Address: 22 MASTERS DR SOUTH  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D (X) Change ( ) Addition  
Name: SHEVLIN, MARYLOU  
Address: 22 MASTERS DR SOUTH  
City-St-Zip: HOMOSASSA, FL 34446 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARYLOU SHEVLIN

D

03/24/2007

Electronic Signature of Signing Officer or Director

Date