2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2006 90099 005 ---158.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000143505

1. Entity Name
CITRASTEAM INC

Principal Place of Business	Mailing Address
6334 GAINSBORO DR PORT RICHEY, FL 34668	6334 GAINSBORO DR PORT RICHEY, FL 34668

04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		5408 St James Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Port Richey, FL	
Zip	Country	Zip 34652	Country USA

4. FEI Number 20-3675295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, RONALD D II
6334 GAINSBORO DR
PORT RICHEY, FL FL

7. Name and Address of New Registered Agent

Name Kelly Drew
Street Address (P.O. Box Number is Not Acceptable) 5408 St James Drive
City New Port Richey FL Zip Code 34652

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] Kelly Drew Acct 5-1-06
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, RONALD D II 6334 GAINSBORO DR PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLT, JENNIFER N 6334 GAINSBORO DR PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5-1-06 727-816-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 9/14