

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003003

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CITRUS LEASING CORPORATION

**Current Principal Place of Business:**

P O BOX 568245  
ORLANDO, FL 32856

**New Principal Place of Business:**

645 W MICHIGAN STREET  
ORLANDO, FL 32805

**Current Mailing Address:**

P O BOX 568245  
ORLANDO, FL 32856

**New Mailing Address:**

FEI Number: 20-4033642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, PAMELA N  
645 W. MICHIGAN STREET  
ORLANDO, FL 32805      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: P ( ) Delete  
Name: BURDEN, RANDY O  
Address: P O BOX 568245  
City-St-Zip: ORLANDO, FL 32856

Title: V ( ) Delete  
Name: WILLIAMS, DANIEL H JR.  
Address: P O BOX 568245  
City-St-Zip: ORLANDO, FL 32856

Title: V ( ) Delete  
Name: FOLEY, DAVID  
Address: P O BOX 568245  
City-St-Zip: ORLANDO, FL 32856

Title: S ( ) Delete  
Name: GERRITS, EDWARD J  
Address: P O BOX 568245  
City-St-Zip: ORLANDO, FL 32856

Title: T ( ) Delete  
Name: SHAW, PAMELA N  
Address: 2901 S. OSCEOLA AVE.  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: PAMELA N SHAW

T

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date