

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063852

Entity Name: DMP OF CITRUS COUNTY, INC.

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

8486 ATHENS COURT  
WEEKI WACHEE, FL 34613

## New Principal Place of Business:

## Current Mailing Address:

8486 ATHENS COURT  
WEEKI WACHEE, FL 34613

## New Mailing Address:

FEI Number: 20-4833208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRUEGER, KEITH  
8486 ATHENS COURT  
WEEKI WACHEE, FL 34613 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: KRUEGER, KEITH  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: ST ( ) Delete  
Name: KRUEGER, OLIVER  
Address: 5214 FOREST GLENN DR  
City-St-Zip: SPRING HILL, FL 34607

Title: VP ( ) Delete  
Name: ANDERKIN, JASON  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: VP ( ) Delete  
Name: TED, EICHHORN  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KRUEGER, KEITH A  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: ST (X) Change ( ) Addition  
Name: KRUEGER, OLIVER W  
Address: 5214 FOREST GLENN DR  
City-St-Zip: SPRING HILL, FL 34607

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

Title: VP (X) Change ( ) Addition  
Name: KRISTOPHER, SLUSSER  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

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: KEITH KRUEGER

P

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date