


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 006 ***550.00

DOCUMENT # P06000095408 1. Entity Name CITRUS CONSULTING, INC					
Principal Place of Business 701 BRICKELL KEY BLVD. SUITE 2110 MIAMI, FL 33131			Mailing Address 701 BRICKELL KEY BLVD. SUITE 2110 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 701 Brickell Ave Suite, Apt. #, etc. #1550			3. Mailing Address 701 Brickell Ave Suite, Apt. #, etc. #1550		
City & State Miami, FL			City & State Miami, FL		
Zip 33131			Country USA		
4. FEI Number 20-5287790			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CALDWELL, NORM 701 BRICKELL KEY BLVD. SUITE 2110 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name NORM Caldwell Street Address (P.O. Box Number is not Acceptable) 701 Brickell Ave #1550 City Miami FL Zip Code 33131		
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 NORM Caldwell 7-27-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CALDWELL, NORM 701 BRICKELL KEY BLVD. SUITE 2110 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GILCREST, JENNY 701 BRICKELL KEY BLVD. SUITE 2110 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: NORM Caldwell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-27-08 858-699-7508 <small>Date Daytime Phone #</small>			