

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095269

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** CITRUS NTO CORPORATION

**Current Principal Place of Business:**

645 W MICHIGAN STREET  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 568245  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 65-1317313

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MCMILLEN, LAVINIA N  
Address: PO BOX 568245  
City-St-Zip: ORLANDO, FL 32856

Title: DVP  
Name: ARIKO, ELIZABETH B  
Address: PO BOX 568245  
City-St-Zip: ORLANDO, FL 32856

Title: ST  
Name: SHAW, PAMELA N  
Address: PO BOX 568245  
City-St-Zip: ORLANDO, FL 32856

I hereby 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 all other like empowered.

SIGNATURE: PAMELA N SHAW

ST

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date