

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P08115

1. Entity Name
CITATION PRODUCTS, INC.



Principal Place of Business
11784 CASTELLION COURT
BOYNTON BEACH, FL 33437 US

Mailing Address
11784 CASTELLION COURT
BOYNTON BEACH, FL 33437 US



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-1716359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAINES SAUL R
11784 CASTELLION CT
BOYNTON BCH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GAINES, ROBERT
STREET ADDRESS	11784 CASTELLION CT
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	P
NAME	GAINES, SAUL R.
STREET ADDRESS	11784 CASTELLION CT
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	S
NAME	FRIEDLER, JOY
STREET ADDRESS	11784 CASTELLION CT
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80027-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Saul R. Gaines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

Daytime Phone #