2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State
03-10-2006 90004 015 ***150.00

DOCUMENT # P93000062521

1. Entity Name
S & M OF CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
~~93 HUNTING LODGE DRIVE~~ ~~INVERNESS, FL 34450 -- US~~	~~93 HUNTING LODGE DRIVE~~ ~~INVERNESS, FL 34450 -- US~~

02022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4510 E. HILLSDALE LANE	4510 E HILLSDALE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS, FL	City & State: INVERNESS, FL
Zip: 34452 Country: USA	Zip: 34452 Country: USA

4. FEI Number: 59-3205419 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVAGE, KENNETH L
~~93 HUNTING LODGE DRIVE~~ 4510 E. HILLSDALE LANE
~~INVERNESS, FL 34450~~ INVERNESS, FL 34452

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D SAVAGE, KENNETH L ~~93 HUNTING LODGE DRIVE~~ ~~INVERNESS, FL 34450~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4510 E HILLSDALE LANE INVERNESS FL 34452
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, SHARON ~~465 S CANADAY DRIVE~~ ~~INVERNESS, FL 34450~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 215 SOWERS FERRY ROAD SALISBURY NC 28144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 3/7/06 7268353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #