

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000070384

Entity Name: CITRUS PARK CLASSICS, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1105 E BEARSS AVENUE
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

1204 COUNTRY CLOSE DR
LUTZ, FL 33548 US

New Mailing Address:

1105 E BEARSS AVENUE
LUTZ, FL 33549 US

FEI Number: 59-3204755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, JUAN
1204 COUNTRY CLOSE DR
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

MUNOZ, JUAN
1105 E BEARSS AVENUE
LUTZ, FL 33549 US

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:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GALECKI, DIANE
Address: 1204 COUNTRY CLOSE DR
City-St-Zip: LUTZ, FL 33548

Title: VPTD () Delete
Name: MUNOZ, JUAN
Address: 1204 COUNTRY CLOSE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: MUNOZ, LUIS N JR.
Address: 2930 SOUTH ROAD
City-St-Zip: N FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GALECKI, DIANE
Address: 1105 E BEARSS AVENUE
City-St-Zip: LUTZ, FL 33549

Title: VPTD (X) Change () Addition
Name: MUNOZ, JUAN
Address: 1105 E BEARSS AVENUE
City-St-Zip: LUTZ, FL 33549

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN MUNOZ

VPTD

04/24/2006

Electronic Signature of Signing Officer or Director

Date