

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000019201

1. Entity Name

CITRUS MANAGEMENT SERVICES, INC.



Principal Place of Business

13 DOGWOOD DR  
HOMOSASSA FL 34446

Mailing Address

PO BOX 4773  
HOMOSASSA FL 34447  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0474174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADSELL, LEANNE  
13 DOGWOOD DR  
HOMOSASSA FL 34446

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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  
DP  
WALKER, RALPH L  
958 OLD LECANTO HWY  
LECANTO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U00000074398  
03/03/04-80017-023 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPST  
HADSELL, LEANNE  
13 DOGWOOD DR  
HOMOSASSA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leanne Hadsell, VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-04

Date

Daytime Phone #

352-  
382-1830