

2008 FOR PROFIT CORPORATION ANNUAL REPORT

27. **FILED**
Mar 14, 2008 8:00 am
Secretary of State

02-22-2008 90015 047 ****61.25
03-14-2008 90028 043 ****88.75

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 - No P.O. Box #			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				01242008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HADSELL, LEANNE 13 DOGWOOD DR HOMOSASSA, FL 34446			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 _____ (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP WALKER, RALPH L 958 OLD LECANTO HWY LECANTO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPST HADSELL, LEANNE 13 DOGWOOD DR HOMOSASSA, FL	☐ 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: <u>Ralph L. Walker</u>			Ralph L. WALKER 2-21-08 352-382-1830		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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