


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000050837 1. Entity Name CITRUS MINING & TIMBER, INC.	
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Principal Place of Business 14280 W HOLLINSWOOD TRL INGLIS, FL 34449	Mailing Address POST OFFICE BOX 277 CRYSTAL RIVER, FL 34423 US
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3323941	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHER & SAULS, P.A. 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG, FL 33701

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSTD HOLLINS, DIXIE M 14280 W HOLLINSWOOD TRAIL INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ADOCK, LOUIE N JR 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS LAWLER, JUDY A. 100 SECOND AVENUE SO #701 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS POLSON, MARILYN M 100 SECOND AVENUE SOUTH, SUITE 701 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP STILLWELL, CLARK A 320 HWY 41 S INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP MCCAIN, CARTER B 1 TAMPA CITY CENTER SUITE 2000 TAMPA, FL 33602

U00000828953
02/26/08-80023-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **February 2, 2008** (352) 447-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #