

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000031079**

1. Entity Name  
CITRUS SAND AND DEBRIS II, INC.



Principal Place of Business  
945 NE 3RD AVE  
CRYSTAL RIVER, FL 34429

Mailing Address  
P.O. BOX 455  
CRYSTAL RIVER, FL 34423

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3439509**

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

Applied For  
Not Applicable

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROOKS, RALPH  
945 NE 3RD AVE  
CRYSTAL RIVER, FL 34429

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROOKS, TODD
STREET ADDRESS	7110 E MALANIE
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	D
NAME	ROOKS, RALPH
STREET ADDRESS	945 NE 3RD AVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	ROOKS, NELSENE
STREET ADDRESS	945 NE 3RD AVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000006155  
01/16/04-80024-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Ralph Rooks 1/14/04 (352) 746-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #