

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3439509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Ralph Book

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000618364
02/08/07-80025-024 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Ralph Book
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #