


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000044465**  
 1. Entity Name  
**CITI DEVELOPMENTS OF FORT MYERS, INC.**



Principal Place of Business      Mailing Address  
**3427 VIA TORCIDA**                      **3427 VIA TORCIDA**  
**FORT MYERS, FL 33901**                      **FORT MYERS, FL 33901**

**DO NOT WRITE IN THIS SPACE**



04272008    No Chg-P    CR2E034 (11/05)

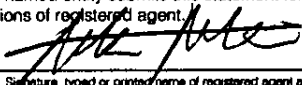
4. FEI Number      Applied For  
**65-0670415**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MILLAR, MARK**  
**3427 VIA TORCIDA**  
**FORT MYERS, FL 33901**

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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, 2008 Fee will be \$550.00**

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

U00000947820  
 06/02/08-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLAR, MARK 3427 VIA TORCIDA FORT MYERS, FL 33901
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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:       Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR