


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000084912 1. Entity Name CITRUS ABC, INC.	
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Principal Place of Business 4700 SHERIDAN ST. #N HOLLYWOOD, FL 33021	Mailing Address C/O J ROSENBERG, CPA 4700 SHERIDAN STREET BUILDING #N HOLLYWOOD, FL 33021
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0702564	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 ROSENBERG, JACK N CPA 4700 SHERIDAN ST. BLDG N HOLLYWOOD, FL 33021

**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 _____
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, 2005 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	P SCHAFFNER, BEAT 4700 SHERIDAN ST., BLDG. N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAKO-SCHAFFNER, JANET 4700 SHERIDAN ST., BLDG. N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ROSENBERG, JACK N CPA 4700 SHERIDAN ST., BLDG. N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/27/05-80024-006 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPA 1/19/05 805-662-4255
Date Daytime Phone #