


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90011 024 ***158.75

DOCUMENT # P97000093413
 1. Entity Name
 CITRUS ORTHOPEDIC PRODUCTS, INC.



Principal Place of Business
 400 FRANDORSON CIR., STE. 100
 APOLLO BEACH, FL 33572

Mailing Address
 400 FRANDORSON CIR., STE. 100
 APOLLO BEACH, FL 33572

39000827

2. Principal Place of Business
 1312 Apollo Beach Blvd.
 Suite, Apt. #, etc.
 Suite L

3. Mailing Address
 1312 Apollo Beach Blvd.
 Suite, Apt. #, etc.
 Suite L



01082004 Chg-P CR2E034 (10/03)

City & State
 Apollo Beach, FL

City & State
 Apollo Beach, FL

Zip Country
 33572 US

Zip Country
 33572 US

4. FEI Number
 59-3477078

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WILLIAMS, WILLIAM C
 400 FRANDORSON CIR
 STE 100
 APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent
 Name WILLIAMS, WILLIAM C.
 Street Address (P.O. Box Number is Not Acceptable)
 1312 Apollo Beach Blvd.
 Suite L
 City Apollo Beach FL Zip Code 33572

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 | P | <input type="checkbox"/> Delete |
| NAME | CARTER, STEVEN B. | |
| STREET ADDRESS | 611 51ST STREET N.W. | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, WILLIAM C. | |
| STREET ADDRESS | 1002 SONATOA LANE | |
| CITY-ST-ZIP | APOLLO BEACH, FL 33572 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Carter, Steven B. | |
| STREET ADDRESS | 6505 Blackfin Way | |
| CITY-ST-ZIP | Apollo Beach, FL 33572 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: William C. Williams DATE: 1/14/04 813 641 6808