


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000107640 1. Entity Name CITRUS GROVE MANAGEMENT, INC.	
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Principal Place of Business
12 PALMWOOD
BRADENTON, FL 34208

Mailing Address
12 PALMWOOD
BRADENTON, FL 34208



DO NOT WRITE IN THIS SPACE

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0803208	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRISP, PARK
12 PALMWOOD
BRADENTON, FL 34208

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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	PD CRISP, PATRICIA 12 PALMWOOD DRIVE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRISP, PARK 31 LINWOOD DR BRADENTON, FL 34208
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02/21/05-80056-020 150.00

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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 power like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/15/05
Daytime Phone # _____