


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90003 011 ***150.00

DOCUMENT # P98000013530 1. Entity Name CITRA-CARE, INC.			
Principal Place of Business 1017 CANTON AVE LEHIGH ACRES, FL 33972		Mailing Address 1017 CANTON AVE LEHIGH ACRES, FL 33972 US	
2. Principal Place of Business 7621 SR. 80 W Suite, Apt. #, etc.		3. Mailing Address PO Box 1063 Suite, Apt. #, etc.	
City & State Alva, Florida Zip 33920		City & State Alva, Florida Zip 33920	
Country USA		Country USA	
4. FEI Number 65-0819082		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, DANIEL C 1017 CANTON AVE LEHIGH ACRES, FL 33972		7. Name and Address of New Registered Agent Name: Murphy, Daniel C. Street Address (P.O. Box Number is Not Acceptable): 7621 State Road 80 West City: Alva FL 33920	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: MURPHY, DANIEL C STREET ADDRESS: 1017 CANTON AVE CITY-ST-ZIP: LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete	TITLE: PD NAME: Murphy, Daniel C. STREET ADDRESS: 7621 State Road 80 West CITY-ST-ZIP: Alva, Florida 33920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MURPHY, BILLY W STREET ADDRESS: 7800 STATE RD 80 WEST CITY-ST-ZIP: ALVA, FL 33920	<input type="checkbox"/> Delete	TITLE: V NAME: Murphy, Billy W. STREET ADDRESS: 62310 Frontier Circle CITY-ST-ZIP: LaBolle, Florida 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: * Daniel C. Murphy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/26/04 339 633-8059 <small>Date Daytime Phone #</small>	