2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# P98000013530

Entity Name: CITRA-CARE, INC.

Current Principal Place of Business:

7621 SR 80 W
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

PO BOX 1063
ALVA, FL 33920 US

New Mailing Address:

FEI Number: 65-0819082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, DANIEL C
7621 STATE ROAD 80 WEST
ALVA, FL 33920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURPHY, DANIEL C
Address: 7621 STATE RD 80 WEST
City-St-Zip: ALVA, FL 33920

Title: V P ( ) Delete
Name: MURPHY, BILLY W
Address: 62310 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V P (X) Change ( ) Addition
Name: MURPHY, BILLY W
Address: 1752 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY W. MURPHY VP 01/17/2009

Electronic Signature of Signing Officer or Director Date