

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078214

FILED
Jan 19, 2009
Secretary of State

Entity Name: CITRUS PROPERTIES CORPORATION

Current Principal Place of Business:

645 W MIGHIGAN STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 568245
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-3533133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, PAMELA N
645 W. MICHIGAN STREET
ORLANDO, FL 32805 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: BURDEN, RANDY O
Address: 700 HARDMAN DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: TRIPP, GARY H
Address: 2646 ZUNI ROAD
City-St-Zip: NARCOOSSEE, FL 34771

Title: ST () Delete
Name: SHAW, PAMELA N
Address: 2901 S. OSCEOLA ST.
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: TRIPP, GARY H
Address: 2646 ZUNI ROAD
City-St-Zip: ST CLOUD, FL 34771

Title: ST (X) Change () Addition
Name: SHAW, PAMELA N
Address: 2901 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

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: PAMELA N SHAW

ST

01/19/2009

Electronic Signature of Signing Officer or Director

Date