


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000084971	
1. Entity Name CITRUS HAVEN, INC.	

Principal Place of Business 99 SIXTH STREET SW WINTER HAVEN, FL 33880	Mailing Address P.O. BOX 9498 WINTER HAVEN, FL 33883-9498
---	---



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3649339	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  CHILTON, CHARLES R 99 SIXTH STREET, SW WINTER HAVEN, FL 33880
--

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

U00000417235  
02/13/06-80046-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUWER, WILLEM J 211 WHISPER LAKE ROAD PALM HARBOR, FL 33685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOUWER, WILLEM H 211 WHISPER LAKE ROAD PALM HARBOR, FL 33685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUWER, JAN S 211 WHISPER LAKE ROAD PALM HARBOR, FL 33685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHILTON, CHARLES R 99 SIXTH STREET, SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Charles R. Chilton, AS 1/16/06 863 293 502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #