


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P99000005291  
 1. Entity Name  
 CITRUS EQUIPMENT & REPAIR, INC.



Principal Place of Business      Mailing Address  
 6659 W. NORVELL BRYANT HWY.  
 CRYSTAL RIVER, FL 34429 US      6659 W. NORVELL BRYANT HWY.  
 CRYSTAL RIVER, FL 34429 US

**DO NOT WRITE IN THIS SPACE**



04092008    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3556995	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  
 PERNU, EDWARD J  
 4965 W ANGUS DR  
 BEVERLY HILLS, FL 34465

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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, 2008 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	DP PERNU, EDWARD J 4965 W ANGUS DR BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOX, GLENN L 8916 W WAUCHULA DRIVE CRYSTAL RIVER, FL 34428
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 04/25/08-80082-013 150.00

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn L. Yox    Glenn L. Yox, V.P.    4/9/2008    352-795-6635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #