## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AN
Secretary of State

1	ANNOAL	REFUNI			~	Api	23, 2000	00:00
DOCUMENT # P99000085458  1. Entity Name JASON OF CITRUS, INC.							Secretary (	of Stat
Principal Place of Business Mailing Address					1			
5783 WESTSHORE DR. NEW PORT RICHEY, FL 34652		5783 WESTSHORE DR NEW PORT RICHEY, FL 34652			·5			
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2. Principal Place of Business - No P.O Box #		3. Mailing Address		- 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number         Applied For           59-3603569         Not Applicable			
Zip	Country Zip C		Count	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current		7. Name an	d Address of New I	Registered Agent			
TEROVALAS, JASON				Name				
5783 WESTSHORE DR. NEW PORT RICHEY. FL. 34652				Street Address (P O. Box Number is Not Accoptable)				
NEWFORT RIGHET, FE 54032								
				City FL Zip Code				
	named entity submits this statement for tions of registered agent.	the purpose of changing its i	registere	ed office or registe	red agent, or b	oth, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	. Registered	i Agent signature required	d when remstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.								
10.	OFFICERS AND	DIRECTORS	11,	<u>.</u>	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S1N 11
TITLE	D KARRAG ANNA	☐ Delete III			☐ Change ☐ Addili		Addition	
NAME STREET ADDRESS			NAME	: Et address		05/08/08-9		00
CITY-ST ZIP				SI-ZIP		03r 06r 06=:	30063-004 150	.00
TITLE NAME STREET ADDRESS	D Delete TEROVALAS, JASON 5783 WEST SHORE DR.		TITLE NAME STREE	T ADDRESS			☐ Change	Addition .
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	<del></del>	CITY-	ST-ZIP				
TITLE NAME	D TEROVOLAS, JOHN	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	5783 WEST SHORE DR.		NAME	T ADDRESS				}
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			ST-ZIP				
THLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME	TEROVOLAS, POTOULA		NAME					
STREET ADDRESS CITY+ST-ZIP	5783 WEST SHORE DR. NEW PORT RICHEY, FL 34652			T ADDRESS ST-ZIP				
TITLE	D	☐ Delete	TOTLE				☐ Change	☐ Addition
NAME	TEROVOLAS, JAMES		NAME	,			_ •	_
STREET ADDRESS CITY - ST - ZIP	5783 WESTSHORE DR. NEW PORT RICHEY, FL 34652			T ADDRESS				
TITLE	HENTONI NICHET, FL 34052	<u> </u>	+	ST- ZIP			П сь	- Landelon
NAME		Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP			<u></u>	
12. Thereby o	certify that the information supplied with	this filing does not qualify for	the ever	mntione contained	Lin Chanter 11	9 Florida Statutos I	further cortifu that the in	formation

12. Thereby certify that the information supplied with this filling 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 eath; 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: X J - T -

J. TEROVOLAS
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

X4-20-08. 8457979