2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V70916

1. Entity Name
CITRUS SOURCE, INC.

Principal Place of Business	— Mailing Address
2505 N OCEAN DRIVE STE 4 FORT PIERCE, FL 34949 US	P.O. BOX 638 VERO BEACH, FL 32961 US

DO NOT WRITE IN THIS SPACE

04112006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0363649

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FETZER, MARK E.
2505 N OCEAN DRIVE
STE 4
FORT PIERCE, FL 34949

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	DPT	
NAME	FETZER, MARK E.	
STREET ADDRESS	1890 COBIA DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	DVS	
NAME	FETZER, DIANE B	
STREET ADDRESS	1890 COBIA DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _Diane B. Fetzer, VP_   4/11/06   772-460-6081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #