

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90011 033 \*\*\*150.00



**DOCUMENT # L64307**

1. Entity Name

**ORANGEFIELD CITRUS, INC.**

Principal Place of Business

7755 STARR LAKE RD  
 BARTOW FL 33830  
 US

Mailing Address

P.O. BOX 362  
 ALTURAS FL 33820



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3012630

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, ROY D**  
**7755 STARR LAKE ROAD**  
**BARTOW FL 33830**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	MITCHELL, ROY D	PO BOX 362 N/A	ALTURAS FL	<input type="checkbox"/>
D	OAKLEY, MILES L.	52042 HOBART AVE. N.	BARTOW FL 33830	<input type="checkbox"/>
D	MITCHELL, KRISTINE L.	P.O. BOX 362 N/A	ALTURAS FL	<input type="checkbox"/>
D	MITCHELL, II, ROY D.	P.O. BOX 362	ALTURAS FL 33820	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	OAKLEY, miles L.	P.O. BOX 369	ALTURAS, FL. 33820	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MITCHELL, KRISTINE L.	P.O. BOX 362	ALTURAS, FL. 33820	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roy D. Mitchell* Roy D. Mitchell

3-7-06

863-537-2571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #