

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 323961
1. Entity Name
ORANGE BARN FRUIT COMPANY INC



Principal Place of Business Mailing Address
160 LAMONT ROAD 160 LAMONT ROAD
FT PIERCE, FL 34947 FT PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1233203 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLTON, MARGORET
160 LAMONT RD
FORT PIERCE, FL 34947

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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 *MARGARET H. CARLTON P.S.D.* *Margaret H. Carlton* *01-30-04*
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CARLTON, REUBEN WAYNE
STREET ADDRESS	3782 MCCARTY RD
CITY-ST-ZIP	FT. PIERCE, FL 349947
TITLE	PSD
NAME	CARLTON, MARGARET
STREET ADDRESS	160 LAMONT RD
CITY-ST-ZIP	FORT PIERCE, FL 34947
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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02/04/04-80004-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Margaret H. Carlton P.S.D.* *Margaret H. Carlton P.S.D.* *01-30-04* *772-461-6649*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #