## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT					Jul 13, 2000 Va: 0			
DOCUMENT # 323961  1. Entity Name ORANGE BARN FRUIT COMPANY INC						Secret	ary of S	
Principal Place 160 LAMONI FT PIERCE, F	road	Mailing Address 160 LAMONT ROAD FT PIERCE, FL 34947						
				07062006	No Chg-P	CR2E034 (		
. D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-123			Applied For Not Applicable	
, C	e September		201	5. Certificate	of Status Desired		75 Additional Required	
<del></del>	6. Name and Address of Current R	egistered Agent				i		
160 LAMO	, MARGORET NT RD RCE, FL 34947				NOT W	•		
the obligati	named entity submits this statement for t ions of registered agent	he purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Flo	orida. I am fami	lar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	dittle if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00  Due by September 6, 2006  9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U080/ 07/13/0/	00570129 6-80020-	013 <b>550.00</b>	
10.	OFFICERS AND D	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLTON, REUBEN WAYNE 3782 MCCARTY RD FT. PIERCE, FL 349947		e de l'est e l					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARLTON, MARGARET 160 LAMONT RD FORT PIERCE, FL 34947							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME						e <sup>s</sup> s	**************************************	

12. Thereby 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:

STREET ADDRESS

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-04

Date

772-461-2817

Daytime Phone #