

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 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



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1233203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARLTON, MARGARET
 160 LAMONT RD
 FORT PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

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

UN0000603697
 01/29/07-80023-021 150.00

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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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: Margaret H. Carlton 01-21-07 772-461-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #