

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 551597

1. Entity Name
FLORIDA ORANGE GROVES, INC.



Principal Place of Business
**1500 PASADENA AVE SOUTH
SOUTH PASADENA, FL 33707**

Mailing Address
**2066 HAWAII AVE NE
ST PETERSBURG, FL 33703 US**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1805274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHOOK, VINCENT R
505 17TH AVENUE N E
ST. PETERSBURG, FL 33701**

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHOOK, RAYMOND E. (CHM.B.)
STREET ADDRESS	2066 HAWAII AVE. N.E.
CITY- ST- ZIP	ST. PETERSBURG, FL 33703

TITLE	PD
NAME	SHOOK, VINCENT R.
STREET ADDRESS	505 17TH AVENUE N E
CITY- ST- ZIP	ST. PETERSBURG, FL 33704

TITLE	STD
NAME	SHOOK, GLADYS L.
STREET ADDRESS	2066 HAWAII AVE. N.E.
CITY- ST- ZIP	ST. PETERSBURG, FL 33703

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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01/16/07-80009-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: R. E. Shook R.E. Shook CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07 727.347.4025
Date Daytime Phone #