


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90752 026 ***158.75

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| DOCUMENT # 652782 |  |
| 1. Entity Name ORANGE SCREAM, INC. | |

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| Principal Place of Business 4717 FERNERY LANE LAKELAND FL 33809 | Mailing Address 4717 FERNERY LANE LAKELAND FL 33809 |
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| 2. Principal Place of Business 525 Skyline Dr., East | 3. Mailing Address P.O. Box 1706 |
| Suite, Apt. #, etc. Lakeland, FL 33801 | Suite, Apt. #, etc. Lakeland, FL 33802-1706 |
| City & State | City & State 33802-1706 |
| Zip 33801 | Country USA |



MOORE CR2E034 (11/03)

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| 4. FEI Number 59-3182994 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FUSSELL, CHARLES J. 4717 FERNERY LANE LAKELAND FL 33809 | 7. Name and Address of New Registered Agent Name: Charles J. Fussell Street Address (P.O. Box Number is Not Acceptable) 525 Skyline Dr. East City Lakeland, FL Zip Code 33801 |
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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 Charles J. Fussell President CHARLES J. FUSSELL DATE 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FUSSELL, CHARLES J. 4717 FERNERY LANE LAKELAND FL 33811 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Charles J. Fussell 525 Skyline Dr., East Lakeland, FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WARD, WILLIAM T 4950 GULF BLVD, APT 909 SAINT PETERSBURG FL 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles J. Fussell **CHARLES J. FUSSELL** 4/29/04 683-665-1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #