


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790179</b> 1. Entity Name <b>OSLO CITRUS GROWERS ASSOCIATION</b>	
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Principal Place of Business <b>695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961</b>	Mailing Address <b>695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961</b>
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02222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0386260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>EGAN III, J B 695 S US HWY #1 VERO BCH, FL 32962</b>
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**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 re-stating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, RALPH W RANCH RD VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EGAN, J B III 4631 9TH PL VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, JAMES L 2402 BUENA VISTA BLVD VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, ROBERT G 371 SHORES DR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000455821  
03/16/06-80004-014 61.25

**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 617, 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:  **J.B. EGAN III** *SR-THES* **3-1-06** **772-262-2301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #