


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F21555</b> 1. Entity Name <b>FLORIDA ORANGE BLOSSOM, INC.</b>	
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Principal Place of Business <b>194 WILL DUKE RD P.O. BOX 1087 WAUCHULA, FL 33873 US</b>	Mailing Address <b>PO BOX 1087 WAUCHULA, FL 33873 US</b>
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2296025</b>	Applied For 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

**DAVIS, WILLIAM K  
194 WILL DUKE ROAD  
WAUCHULA, FL 33873**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, EDGAR L 194 WILL DUKE RD WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAVIS, WILLIAM K 194 WILL DUKE ROAD WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, EDGAR L JR RT 1 HWY 664B WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BEST, GAIL D 238 SOUTH BAILEY RD. WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/04-80014-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gail D Best GAIL D BEST 4-12-04 863-7734159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #