

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F21555

1. Entity Name
FLORIDA ORANGE BLOSSOM, INC.



Principal Place of Business
194 WILL DUKE RD
P.O. BOX 1087
WAUCHULA, FL 33873 US

Mailing Address
PO BOX 1087
WAUCHULA, FL 33873 US



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2296025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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05/02/05-80017-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

863-7734159

Daytime Phone