

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90231 045 ***150.00



DOCUMENT # F21555
 1. Entity Name
FLORIDA ORANGE BLOSSOM, INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01252006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2296025 Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, WILLIAM K
194 WILL DUKE ROAD
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edgar L Davis Date: 4/28/06 Daytime Phone #: 8637734159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR