


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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



04082008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P.O. BOX 203
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gail D Best 4/29/08 863-773-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #