

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21555

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FLORIDA ORANGE BLOSSOM, INC.

**Current Principal Place of Business:**

194 WILL DUKE RD  
P.O. BOX 1087  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

194 WILL DUKE RD  
WAUCHULA, FL 33873 US

**Current Mailing Address:**

PO BOX 1087  
WAUCHULA, FL 33873 US

**New Mailing Address:**

FEI Number: 59-2296025      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, EDGAR L  
Address: 194 WILL DUKE RD  
City-St-Zip: WAUCHULA, FL 33873

Title: V ( ) Delete  
Name: DAVIS, WILLIAM K  
Address: 194 WILL DUKE ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: DAVIS, EDGAR L JR  
Address: RT 1 HWY 664B  
City-St-Zip: WAUCHULA, FL 33873

Title: S ( ) Delete  
Name: BEST, GAIL D  
Address: P.O. BOX 203  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL D BEST

S

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date