



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G88339</b> 1. Entity Name ORANGE CREEK GROVES, INC.	
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Principal Place of Business 220 S COMMERCE AVE SEBRING, FL 33870	Mailing Address PO BOX 3346 SEBRING, FL 33871
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**DO NOT WRITE IN THIS SPACE**

	
03032004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2482124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KHAN, MARVIN 220 S COMMERCE AVE SEBRING, FL 33870
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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<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 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUBERLY, WAYNE R. 220 S COMMERCE AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, MARVIN 220 S COMMERCE AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, FLORIDA L 8128 HOLLIDAY DRIVE INDIANAPOLIS, IN 46260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/12/04-80006-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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