

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01874

FILED
Apr 20, 2004
Secretary of State

Entity Name: ORANGE PICKERS, INC.

Current Principal Place of Business:

2798 GARZA RD
ZOLFO SPRINGS, FL 33890 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1017
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

FEI Number: 59-2652367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, MIKE
2798 GARZA RD
ZOLFO SPRINGS, FL 33890 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: PD () Delete
Name: GUERNDT, H. FRED,
Address: 2701 LAKE DAMON RD.
City-St-Zip: AVON PARK, FL

Title: VD () Delete
Name: THOMPSON, MIKE
Address: 2447 STEVE ROBERTS
City-St-Zip: ZOLFO SPRINGS, FL 33840

Title: STD () Delete
Name: THOMPSON, KENNETH E.,
Address: 930 WISTERIA CT
City-St-Zip: WAUCHULA, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE THOMPSON

VD

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date