


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # K39510 1. Entity Name ORANGE BLOSSOM CATERING, INC.	
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Principal Place of Business % EDWARD F. SHAMAS 220 FOURTH STREET NORTH ST. PETERSBURG, FL 33701	Mailing Address % EDWARD F. SHAMAS 220 FOURTH STREET NORTH ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2914826	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

SHAMAS, EDWARD F.
220 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SHAMAS, EDWARD F. 1701 BRIGHTWATERS BLVD. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAMAS, ROSE Z. 124 ESTADO WAY NORTHEAST ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAMAS, GILBERT A. 1919 BRIGHTWATERS BLVD. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/05-80041-013 150.00

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

SIGNATURE: Edward F. Shamas 2/09/05 (727) 822-6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #