

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K39510

1. Entity Name
ORANGE BLOSSOM CATERING, INC.



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**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2914826

Applied For
Not Applicable

5. Certificate of Status Desired : ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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05/09/06-80014-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (727)822-6129
Date Daytime Phone #