2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L16290

1. Entity Name
ORANGE BLOSSOM CLEANERS, INC.

Principal Place of Business	Mailing Address
P O BOX 20552	P O BOX 20552
BRADENTON, FL 34203	BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0171740	Not Applicable

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

6. Name and Address of Current Registered Agent

MALLOY, MARK
1626 PAULA DR.
WAUCHULA, FL 33873

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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_____

Signature, typed or printed name of registered agent and title if applicable   (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. ☐	**$5.00** May Be Added to Fees	U00000345104 04/30/05-80022-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALLOY, J. MARK
STREET ADDRESS	RT. 3 56 PAULA DR
CITY-ST-ZIP	WAUCULA, FL
TITLE	D
NAME	MALLOY, CANDICE
STREET ADDRESS	RT. 3 56 PAULA DR
CITY-ST-ZIP	WAUCULA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

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.

SIGNATURE: _____   4/27/05   863 735-0964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #