


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L76602 1. Entity Name ORCHID ISLAND JUICE COMPANY	
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Principal Place of Business 330 N US HIGHWAY #1 FORT PIERCE, FL. 34950 US	Mailing Address 330 N US HIGHWAY #1 FORT PIERCE, FL. 34950 US
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3026924	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

CARNELL, RICHARD M
 1900 OLD DIXIE HWY
 FORT PIERCE, FL 34946

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 necessary) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$560.00	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	PCED SEXTON, MARY GRACE 330 N US 1 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, GREGORY P 1900 OLD DIXIE HWY. FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARNELL JR, RICHARD M. 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD SEXTON, ROBERT 330 N. US 1 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MARTINELLI, JOHN 330 N US 1 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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1100000834679
02/22/07-80021-007-150.00

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: *My Sexton* 2/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #