


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M66125 1. Entity Name ORANGE BLOSSOM CITRUS, INC.	
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Principal Place of Business 2255 US HWY 17-92 N HAINES CITY, FL 33844	Mailing Address PO BOX 2614 HAINES CITY, FL 33845
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2871182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCTEER, HINSON 304 CREST DRIVE HAINES CITY, FL 33844
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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, 2007 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	PD MCTEER, HINSON 304 CREST DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCTEER, AGNES 304 CREST DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAUSEY, PAM 17 PINE FOREST LANE HAINES CITY, FL 33844
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05/16/07-80065-021 150.00

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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: *Diana McTeer* Hinson McTeer President 4-2-07 863-422-4872

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