

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006089

FILED
May 01, 2008
Secretary of State

Entity Name: ORANGE COUNTY CRUSH INC.

Current Principal Place of Business:

4225 FALLWOOD CIRCLE
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

3674 BENSON PARK BLVD
ORLANDO, FL 32829 US

New Mailing Address:

FEI Number: 61-1532348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WUTHRICH, GARY
4225 FALLWOOD CIRCLE
ORLANDO, FL 32812 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WUTHRICH, GARY
Address: 4225 FALLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: VICENTE, JOSE
Address: 1729 LADY SLIPPER CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: SEC () Delete
Name: VICENTE, BECKY
Address: 1729 LADY SLIPPER CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: TRE () Delete
Name: SANTIAGO, ERIC
Address: 3674 BENSON PARK BLVD
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC SANTIAGO

TRE

05/01/2008

Electronic Signature of Signing Officer or Director

Date