

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90003 039 ****61.25

DOCUMENT # N13109 1. Entity Name ORANGE BLOSSOM OPEN, INC.					
Principal Place of Business 2176 A CORINNE CT. S. ST. PETERSBURG, FL 33712 US			Mailing Address ORANGE BLOSSOM CLASSIC P. O. BOX 238 ST. PETERSBURG, FL 33731 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1298276	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ERMATINGER, BILL 2176 A CORINNE CT. SO. ST PETERBURG, FL 33712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE SD NAME HOPE, RICHARD STREET ADDRESS 800-14TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33701		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D NAME ULRICH, RICHARD G. STREET ADDRESS 140-15TH AVE. NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33701		TITLE D NAME JACIE FROST STREET ADDRESS 2125 STANGLEWOOD WAY NE CITY-ST-ZIP ST PETERSBURG, FL 33702			
TITLE D NAME NELSON, ROBERT S STREET ADDRESS 2060 5TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D NAME JEFFRIES, RAY STREET ADDRESS 2983 TEAL LANE CITY-ST-ZIP CLEARWATER, FL 33762		TITLE PD NAME BUDDY LEE STREET ADDRESS 1610-A ROYAL PALM DR. SO. CITY-ST-ZIP GULFPORT, FL 33707			
TITLE TD NAME GASSNER, ELLIOTT S STREET ADDRESS 2110 4TH ST NO CITY-ST-ZIP ST PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE B NAME MCCARTHY, VAUGNN STREET ADDRESS 6625 CORMORANT CT CITY-ST-ZIP ST PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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: <i>ELLIOTT S. GASSNER</i> ELLIOTT S. GASSNER 5/31/04 727-577-9400 ext 212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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