

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001435

FILED
May 26, 2006
Secretary of State

Entity Name: SIMPLY ORANGE JUICE COMPANY

Current Principal Place of Business:

2659 ORANGE AVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2659 ORANGE AVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3690389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNAUSS, DONALD R
Address: 2000 ST JAMES PLACE
City-St-Zip: HOUSTON, TX 77056

Title: VPD () Delete
Name: HENSLER III, THOMAS P
Address: 2000 ST JAMES PLACE
City-St-Zip: HOUSTON, TX 77056

Title: VPCF () Delete
Name: FAYARD, GARY P
Address: ONE COCA-COLA PLAZA
City-St-Zip: ATLANTA, GA 30313

Title: VPD () Delete
Name: GOIST, BRADLEY J
Address: 2000 ST JAMES PLACE
City-St-Zip: HOUSTON, TX 77056

Title: VPT () Delete
Name: TAGGART, DAVID M
Address: ONE COCA-COLA PLAZA
City-St-Zip: ATLANTA, GA 30313

Title: S () Delete
Name: HAYES, CAROL C
Address: ONE COCA-COLA PLAZA
City-St-Zip: ATLANTA, GA 30313

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: VPD (X) Change () Addition
Name: KELLY, BILL
Address: 2000 ST JAMES PLACE
City-St-Zip: HOUSTON, TX 77056

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. HENSLER III

VPD

05/26/2006

Electronic Signature of Signing Officer or Director

Date