



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000049382</b> 1. Entity Name ORANGE BLOSSOM UTILITIES, INC.	
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Principal Place of Business 108 S OLD DIXIE HWY LADY LAKE, FL 32159	Mailing Address P.O. BOX 217 LADY LAKE, FL 32158
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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2434465</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STEINMETZ, NANCY P  
108 S OLD DIXIE HWY  
LADY LAKE, FL 32159

**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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINMETZ, NANCY P 108 S. OLD DIXIE HWY LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAN, JONATHAN 230 NE 25TH AVENUE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINMETZ, NEIL 108 S. OLD DIXIE HWY LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINMETZ, STEPHEN 108 S. OLD DIXIE HWY LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'BRIEN, SUSAN 108 S. OLD DIXIE HWY LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000034241  
04/24/08-80020-007 150.00

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IN THIS SPACE**

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: Nancy Steinmetz 3-24-08 352-753-9009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #