

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044013

FILED  
May 01, 2004  
Secretary of State

Entity Name: ORANGE BLOSSOM MANAGEMENT, INC.

## Current Principal Place of Business:

110 LINDALE STREET  
LAKELAND, FL 33809

## New Principal Place of Business:

## Current Mailing Address:

110 LINDALE STREET  
LAKELAND, FL 33809

## New Mailing Address:

FEI Number: 59-3385632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLY, JOHN C  
110 LINDALE STREET  
LAKELAND, FL 33809

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: KELLY, JOHN C  
Address: 110 LINDALE STREET  
City-St-Zip: LAKELAND, FL 33809

Title: CD ( ) Delete  
Name: KELLY, JOHN C  
Address: 110 LINDALE STREET  
City-St-Zip: LAKELAND, FL

Title: COOD ( ) Delete  
Name: WALKO, N. BRUCE  
Address: 5107 TIMBERVIEW TERR  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: WHITE, ALTON M SR  
Address: 2130 ST JOSEPH ST  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: FARIA, JUNNO  
Address: 100 GRAND BLD  
City-St-Zip: SAN JAUN, PR

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

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

Title: D ( ) Change (X) Addition  
Name: HAFF, TULA  
Address: 3399 CYPRESS GARDEN RD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN C. KELLY

PVST

05/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date