2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2005
Secretary of State

DOCUMENT# P97000021137

Entity Name: ORANGE BLOSSOM HAULING, INC.

Current Principal Place of Business:

3394 SE BROWN ROAD
ARACDIA, FL 34266

New Principal Place of Business:

3403 SE LOVEJOY ST
ARACDIA, FL 34266

Current Mailing Address:

3394 SE BROWN ROAD
ARACDIA, FL 34266

New Mailing Address:

3403 SE LOVEJOY ST
ARACDIA, FL 34266

FEI Number: 65-0736846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDRON, EUGENE E JR
124 N BREVARD AVE
ARCADIA, FL 34266 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: EUGENE E. WALDRON, JR.
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: D ( ) Delete
Name: MERCER, CARY
Address: PO BOX 789 N/A
City-St-Zip: ARCADIA, FL 34265

Title: D ( ) Delete
Name: HOLLINGSWORTH, V.C. JR
Address: 3013 N.W. CR 661 A
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: QUAVE, TOMMY L
Address: 3394 SE BROWN RD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: QUAVE, TOMMY L
Address: 3403 SE LOVEJOY ST
City-St-Zip: ARCADIA, FL 34266

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: CARY MERCER D 09/30/2005
Electronic Signature of Signing Officer or Director Date