

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000026479 1. Entity Name ORANGE BEND HARVESTING, INC.				Secretary of State	
Principal Place of Business 35335 GALA DR. LEESBURG, FL 34788		Mailing Address P O BOX 490197 LEESBURG, FL 34749			
DO NOT WRITE IN THIS SPACE					
				01032007 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-3509593	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				DO NOT WRITE IN THIS SPACE	
CALDWELL, JOYCE D 35335 GALA DR. LEESBURG, FL 34748					
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 01-22-07			
Signatures typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U00000604488 01/29/07-80056-005 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D CALDWELL, JOYCE D 35335 GALA DR. — LEESBURG, FL 34748			
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DO NOT WRITE 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: 		DATE 01-22-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			