


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90216 020 ***150.00

DOCUMENT # 595569
1. Entity Name
ORANGE LANE FARM, INC.



Principal Place of Business
**6724 SW 93RD AVE
GAINESVILLE FL 32608
US**

Mailing Address
**6724 SW 93RD AVE
GAINESVILLE FL 32608
US**

2. Principal Place of Business
9316 SW 65th Ave
Suite, Apt. #, etc.

3. Mailing Address
9316 SW 65th Ave
Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32608 Country
US

Zip
32608 Country
US

4. FEI Number **NO-T APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

XXXXXXXXXX



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**HOLDER, MARION L
6724 SW 93RD AVE
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent
Name **Keith Holder**
Street Address (P.O. Box Number is Not Acceptable)
9316 SW 65th AVE.
City **Gainesville, FL** Zip Code **32608**

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 *Keith Holder* (NOTE: Registered Agent signature required when reinstating) DATE **4-24-05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D HOLDER, THOMAS J BOX 32 N/A SORRENTO FL 32776	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D HOLDER, ELLIS W 500 W LAKE SUMITT DRIVE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HOLDER, MARION L 6724 SW 93RD AVE GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Keith Holder 9316 SW 65 th AVE Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Keith Holder 9316 SW 65 th AVE Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Keith Holder 9316 SW 65 th AVE Gainesville, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Keith Holder* DATE: **4-24-05** (352) 317-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #