


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90317 004 ***150.00

DOCUMENT # J67457			
1. Entity Name ORCHID ISLAND ORCHIDS, INC.			
Principal Place of Business 7404 N US 1 VERO BEACH, FL 32967 US		Mailing Address 4745 61ST COURT VERO BEACH, FL 32967 US	
2. Principal Place of Business		3. Mailing Address <i>7404 N. U.S. #1</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>VERO BEACH, FL</i>	
Zip	Country	Zip	Country
<i>32967</i>	<i>U.S.A.</i>	<i>32967</i>	<i>U.S.A.</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, WILLIAM L 4745 61ST CT VERO BCH, FL 32967		Name <i>DOLORES M. HILL</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>2237 10th AVE</i>	
		City <i>VERO BEACH, FL</i>	
		Zip Code <i>32960</i>	
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 <i>Dolores M. Hill</i> <i>Dolores M. Hill - Pres.</i> <i>Dolores M. Hill 4-16-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HILL, DOLORES M. 4745 61ST CT. VERO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>DOLORES M. HILL</i> <i>2237 10th AVE.</i> <i>VERO BEACH, FL 32960</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Dolores M. Hill</i> <i>DOLORES M. HILL</i>		<i>4-16-05</i> <i>772-567-9123</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	