2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# K15955

Entity Name: ORION BANCORP, INC.

Current Principal Place of Business:

2150 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 413040
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0030114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PRATT, ALAN	
Address:	660 REEF ROAD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	EARL HOLLAND	
Address:	15270 KILBIRNIE DR	
City-St-Zip:	FT. MYERS, FL	
Title:	D	( ) Delete
Name:	JAMES AULTMAN	
Address:	5701 OVERSEAS HIGHWAY	
City-St-Zip:	MARATHAN, FL	
Title:	DCP	( ) Delete
Name:	WILLIAMS, JERRY J	
Address:	2150 GOODLETTE ROAD NORTH	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	TOROK, JAMES J	
Address:	574 S. SPOONBILL DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	S	( ) Delete
Name:	SWEENEY, DAVID J	
Address:	9777 WILSHIRE LAKES BLVD	
City-St-Zip:	NAPLES, FL 34109	

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JERRY J. WILLIAMS DCP 03/30/2009

Electronic Signature of Signing Officer or Director Date