2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# N04000004732

Entity Name: ORANGE COUNTY SERVICES INC.

Current Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3700 CURRYFORD ROAD
C-9
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 22-3900911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIER, RODERICK E I
3700 CURRYFORD ROAD
C-9
ORLANDO, FL 32806 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GRIER, RODERICK E I	
Address:	3700 CURRYFORD ROAD C-9	
City-St-Zip:	ORLANDO, FL 32806	
Title:	V	( ) Delete
Name:	INGRAM, DEWAYNE	
Address:	3700 CURRYFORD ROAD C-9	
City-St-Zip:	ORLANDO, FL 32806	
Title:	C	( ) Delete
Name:	INGRAM, CLEVELAND SR	
Address:	2603 AVE Q	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	D	( ) Delete
Name:	PORTER, STEPHANIE	
Address:	750 SOUTH ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32805	
Title:	D	( ) Delete
Name:	WASHINGTON, KELVIN	
Address:	750 SOUTH ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32805	

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:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE PORTER D 05/09/2005

Electronic Signature of Signing Officer or Director — Date