


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000017653**  
 1. Entity Name  
**ORANGE LAKE BUILDING MATERIALS, INC.**



Principal Place of Business      Mailing Address  
 11301 SATELLITE BLVD      11301 SATELLITE BLVD  
 ORLANDO FL 32837      ORLANDO FL 32837

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
 TURNER, PATRICK E  
 18 WINDSOR ISLE  
 LONGWOOD FL 32779

4. FEI Number      Applied For  
**59-3572071**      Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Patrick E. Turner*      **PATRICK E. Turner, Pres 2-10-04**      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	JEROUSEK, GREGORY J	
STREET ADDRESS	9121 PINNACLE CR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	P	<input type="checkbox"/> Delete
NAME	TURNER, PATRICK E	
STREET ADDRESS	PO BOX 951348	
CITY-ST-ZIP	LAKE MARY FL 32795	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN )**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000052036	
CITY-ST-ZIP	02/16/04-80075-021 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Patrick E. Turner*      **2/16/04**      **407-829-8987**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #