

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003604

Entity Name: ORBESEN ASSOCIATES, INC.**Current Principal Place of Business:**116 N.W. ST. LUCIE LANE
STUART, FL 34994**Current Mailing Address:**116 N.W. ST. LUCIE LANE
STUART, FL 34994**FEI Number:** 65-0755725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORBESEN, ROBERT R
116 N.W. ST. LUCIE LANE
STUART, FL 34994 US*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**Officer/Director Detail :**

Title	P
Name	ORBESEN, ROBERT R
Address	116 N.W. ST. LUCIE LANE
City-State-Zip:	STUART FL 34994
Title	VP
Name	ORBESEN, MARGARET H
Address	2312 SW LONGWOOD DRIVE
City-State-Zip:	PALM CITY FL 34990
Title	T
Name	ORBESEN, MARGARET H
Address	2312 SW LONGWOOD DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	VP
Name	MELENZ, JUDITH H
Address	4823 WINDSONG PARK DRIVE
City-State-Zip:	COLLIERVILLE TN 38017
Title	S
Name	ORBESEN, MARGARET H
Address	2312 SW LONGWOOD DRIVE
City-State-Zip:	PALM CITY FL 34990

I hereby 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 all other like empowered.

SIGNATURE: ORBESEN, ROBERT R

P

03/04/2015

Electronic Signature of Signing Officer/Director Detail_____
Date