

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000035977

**Entity Name:** ORFLEX CARRIERS INC.

**Current Principal Place of Business:**

7747 MONTROSE DR  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

7747 MONTROSE DR  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 47-3794349

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KENNA, KIMBERLY E  
7747 MONTROSE DR  
NEW PORT RICHEY, FL 34653 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 KENNA, KIMBERLY E  
Address 7747 MONTROSE DR  
City-State-Zip: NEW PORT RICHEY FL 34653

Title VP  
Name KENNA, JAMES C  
Address 7747 MONTROSE DR  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** KIMBERLY E KENNA

**PRESIDENT**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date