

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90079 023 \*\*\*150.00

**DOCUMENT # 220865**

1. Entity Name

ORANGE AUTOMOTIVE INC



Principal Place of Business

930 E. DUVAL STREET  
LAKE CITY FL 32055

Mailing Address

930 E. DUVAL STREET  
C/O MARY HUCHINGSON  
LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0862945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEILDS, R.G.  
1756 SW BARNETT WAY  
LAKE CITY FL 32025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete  
NAME SHIELDS, ROBERT G  
STREET ADDRESS 1756 SW BARNETT WAY  
CITY-ST-ZIP LAKE CITY FL 32025

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME ROBINSON, JOSEPH L.  
STREET ADDRESS 107 EMPIRE DR.  
CITY-ST-ZIP LAKE CITY FL

☒ Change ☐ Addition  
NAME  
STREET ADDRESS 291 NE EMPIRE DR.  
CITY-ST-ZIP

S ☐ Delete  
NAME HUCHINGSON, MARY J.  
STREET ADDRESS 5229 SW GRANDVIEW ST.  
CITY-ST-ZIP LAKE CITY FL 32025

☒ Change ☐ Addition  
NAME  
STREET ADDRESS 529 SW GRANDVIEW ST.  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: Mary J. Huchingson MARY J. Huchingson

1-26-05

Date

(386)

752-7343

Daytime Phone #