

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 027 ***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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/06)

4. FEI Number 59-0862945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEILDS, R.G. 1756 SW BARNETT WAY LAKE CITY FL 32025	
7. Name and Address of New Registered Agent Name Mary J. Huchingson Street Address (P.O. Box Number is Not Acceptable) 529 SW Grandview Stn. City LAKE CITY FL 32025	

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 Mary J. Huchingson (Secretary of Corp) DATE 3-20-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	SHEILDS, ROBERT G 1756 SW BARNETT WAY LAKE CITY FL 32025 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Deceased
P NAME STREET ADDRESS CITY-ST-ZIP	ROBINSON, JOSEPH L. 291 NE EMPRIE DR LAKE CITY FL 32025 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S NAME STREET ADDRESS CITY-ST-ZIP	HUCHINGSON, MARY J. 529 SW GRANDVIEW ST LAKE CITY FL 32025 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3-20-07 (386) 752-7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #