

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

HUCHINGSON, MARY J  
529 SW GRANDVIEW STN  
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, 2008 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, JOSEPH L.	
STREET ADDRESS	291 NE EMPRIE DR	
CITY- ST- ZIP	LAKE CITY FL 32025	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUCHINGSON, MARY J.	
STREET ADDRESS	529 SW GRANDVIEW ST	
CITY- ST- ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

U00000871413  
04/09/08-80130-012 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08 (386) 752-7343

Date

Daytime Phone #