

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 266170

1. Entity Name
THE ORCHID GARDEN, INC.



Principal Place of Business
**275 CHAMPNEY BAY CT.
NAPLES, FL 34102**

Mailing Address
**275 CHAMPNEY BAY
NAPLES, FL 34102**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1027100 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FARACE, RICHARD G
275 CHAMPNEY BAY CT.
NAPLES, FL 34102-7952**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.

registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

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

Registered Agent signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

**000000445876
03/09/06-80068-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FARACE, RICHARD G
275 CHAMPNEY BAY CT.
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
FARACE, RICHARD EDWARD
6547 SW 116 PLACE UNIT A
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FARACE, HELEN V
275 CHAMPNEY BAY CT.
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, or on an attachment with an address, with all other like empowered

exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, or on an attachment with an address, with all other like empowered

SIGNATURE: Helen Farace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

RICHARD G FARACE
DIRECTOR

2-20-06
Date

239-263-0767
Daytime Phone #