

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 319051

FILED
Apr 12, 2006
Secretary of State

Entity Name: ORTEGA DEVELOPMENT COMPANY

Current Principal Place of Business:

5411 ORTEGA BLVD
4A
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5411 ORTEGA BLVD
4A
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1174662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, PAUL M
5411 ORTEGA BLVD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEMING, NELL M,
Address: 5411 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: FLEMING, PAUL G,
Address: 5411 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: FLEMING, NELL M,
Address: 5411 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL

Title: PD (X) Change () Addition
Name: FLEMING, PAUL M,
Address: 5411 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL M FLEMING

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

_____ Date