


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 380133 1. Entity Name ORANGE-CO OF FLORIDA, INC.	
---	---

Principal Place of Business 12010 NE HWY 70 ARCADIA, FL 34266 US	Mailing Address 12010 NE HWY 70 ARCADIA, FL 34266 US
--	--

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1320991	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

NEWLIN, JEROME M  
12010 NE HWY 70  
ARCADIA, FL 34266

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, STEPHEN W 3003 TAMiami TRAIL N #400 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MERCER, JIM 3003 TAMiami TRAIL N #400 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VH CLEMENT, ED 12010 NE HWY 70 ARCADIA, FL 34266
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**

000000019379  
01/28/04-80022-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:**  **STEPHEN W. RYAN** **239-261-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #