

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1320991**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 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

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

U000000392796
01/24/06-80097-020 150.00

10. OFFICERS AND DIRECTORS

**TITLE P
NAME RYAN, STEPHEN W
STREET ADDRESS 3003 TAMiami TRAIL N #400
CITY-ST-ZIP NAPLES, FL 34103**

**TITLE SV
NAME MERCER, JIM
STREET ADDRESS 3003 TAMiami TRAIL N #400
CITY-ST-ZIP NAPLES, FL 34103**

**TITLE VH
NAME CLEMENT, ED
STREET ADDRESS 12010 NE HWY 70
CITY-ST-ZIP 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**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 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:

Jerome M. Newlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05
Date

863-494-4939
Daytime Phone #