

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 394471	
1. Entity Name ORANGE PARK SERVICE, INC.	

Principal Place of Business 525 BLANDING BLVD PO BOX 187 ORANGE PARK FL 32067-0187	Mailing Address 525 BLANDING BLVD PO BOX 187 ORANGE PARK FL 32067-0187
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1374697** Applied For ☐ Not Applied ☐

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

6. Name and Address of Current Registered Agent SMITH & HULSEY PROFESSIONAL ASSOCIATION 1800 FLORIDA NAT'L BANK TOWER 225 WATER ST. JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	WILLIAMS SR, WILLIAM L
STREET ADDRESS	4720 S.R. 13
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D ☐ Delete
NAME	PERRETTA, VIRGIE H.
STREET ADDRESS	14 BLANTON LANE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D ☐ Delete
NAME	WILLIAMS, JEANNE
STREET ADDRESS	4720 S.R. 13
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D ☐ Delete
NAME	HARRIS JR, HARRY E.
STREET ADDRESS	2747 BLANDING BLVD
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	000000550342
STREET ADDRESS	05/13/06-80056-010 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Virgie H. Perretta* 4/27/06 (904) 272-3205