

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 012 ***150.00

DOCUMENT # 474186

1. Entity Name
ORANGE BELT REALTY CO. INC.



Principal Place of Business
**1323 E. PARKER ST.
LAKELAND, FL 33801**

Mailing Address
**1323 E. PARKER ST.
LAKELAND, FL 33801**

60007065



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1587558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOOD, JOAN M
1323 E. PARKER STREET
LAKELAND, FL 33801**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LEHMAN, HAROLD H
STREET ADDRESS	312 SO. BOGER BLVD.
CITY - ST - ZIP	LAKELAND, FL

TITLE	P
NAME	HOOD, JOAN M
STREET ADDRESS	810 SOUTH BLVD
CITY - ST - ZIP	LAKELAND, FL 33801

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

Joan M. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 23, 2007 (863) 486-7698
Date Daytime Phone #