

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90035 046 \*\*\*150.00

**DOCUMENT # 571779**

1. Entity Name  
ORANGEWOOD LAKES SERVICES, INC.



Principal Place of Business  
7602-4 CONGRESS ST  
NEW PORT RICHEY, FL 34653 US

Mailing Address  
7602 4 CONGRESS ST  
NEW PORT RICHEY, FL 34653 US

60015510



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1821939  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HEILER, ALFRED G.  
7602-4 CONGRESS ST  
NEW PORT RICHEY, FL 34653

**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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	HEILER, JEFFREY
STREET ADDRESS	7602-4 CONGRESS ST
CITY-ST-ZIP	NEW PT RICHEY, FL 34653
TITLE	PTSD
NAME	HEILER, ALFRED G
STREET ADDRESS	7602-4 CONGRESS ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VD
NAME	HEILER, SCOTT
STREET ADDRESS	7602-4 CONGRESS ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
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: Scott Heiler V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

727-849-9555

Daytime Phone #