

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90453 003 ***150.00

DOCUMENT # F01000004870

1. Entity Name
ORCAS MARINE PRODUCTS, INC.



Principal Place of Business
**6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER, FL 34428-6933**

Mailing Address
**6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER, FL 34428-6933**

60031723



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
93-1083015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEAD, BARBARA
6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER, FL 34428-6933**

**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 VP
NAME HEAD, CHARLES T
STREET ADDRESS 387 NW MAGNOLIA CIR
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE P
NAME COTTON, OREN L
STREET ADDRESS PO BOX 729
CITY-ST-ZIP EASTSOUND, WA 98245

TITLE S
NAME HEAD, BARBARA B
STREET ADDRESS 387 NW MAGNOLIA CIR.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE T
NAME COTTON, CAROL R
STREET ADDRESS PO BOX 729
CITY-ST-ZIP EASTSOUND, WA 98245

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:

Barbara Head, Barbara Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-06 352-795
2033