


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001092	
1. Entity Name ORCINO ENTERPRISES, INC.	

Principal Place of Business 2639 BOUGAINVILLE STREET SARASOTA, FL 34239 US	Mailing Address 2639 BOUGAINVILLE STREET SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0035205	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 ORCINO, GIOVANNI P 2639 BOUGAINVILLE STREET SARASOTA, FL 34239	DO NOT WRITE IN THIS SPACE
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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	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000574109 08/11/06-80003-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ORCINO, MARY F 2639 BOUGAINVILLE STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ORCINO, GIOVANNI P 2639 BOUGAINVILLE STREET SARASOTA, FL 34239
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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: 	8-08-06
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #