


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90279 040 \*\*\*150.00

|   |                                     |                     |   |  |  |
|---|-------------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # F42741</b><br>1. Entity Name<br><b>ORION INTERNATIONAL GROUP, INC.</b>  |                                     |                     |   |                                 |  |
| Principal Place of Business<br><b>360 CENTRAL AVE.<br/>ST PETERSBURG, FL 33701 US</b>   |                                     |                     | Mailing Address<br><b>360 CENTRAL AVE.<br/>ST PETERSBURG, FL 33701 US</b>   |  |  |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                     | City & State        |   |  |  |
| Zip   | Country                             | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                                     |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>HAIRE, NANCY C<br/>360 CENTRAL AVE<br/>SAINT PETERSBURG, FL 33701</b>  |                                     |                     |   | Name   |  |
|   |                                     |                     |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |                                     |                     |   | City   |  |
|   |                                     |                     |   | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                     |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                     |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |                                     |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | DTS <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | HUSSEMAN, EDWIN C                   |                     | NAME  |  |  |
| STREET ADDRESS  | 360 CENTRAL AVE                     |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | ST PETERSBURG, FL 33701             |                     | CITY - ST - ZIP   |  |  |
| TITLE   | PD <input type="checkbox"/> Delete  |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | SMITH, GRAEME H                     |                     | NAME  |  |  |
| STREET ADDRESS  | 360 CENTRAL AVE                     |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | ST PETERSBURG, FL 33701             |                     | CITY - ST - ZIP   |  |  |
| TITLE   | AS <input type="checkbox"/> Delete  |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | HAIRE, NANCY C                      |                     | NAME  |  |  |
| STREET ADDRESS  | 360 CENTRAL AVE                     |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | ST PETERSBURG, FL 33701             |                     | CITY - ST - ZIP   |  |  |
| TITLE   | D <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MEEHAN, DAVID K                     |                     | NAME  |  |  |
| STREET ADDRESS  | 360 CENTRAL AVE                     |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | ST. PETERSBURG, FL 33701            |                     | CITY - ST - ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                     |                     | NAME  |  |  |
| STREET ADDRESS  |                                     |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                                     |                     | CITY - ST - ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete     |                     | TITLE   | AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                  |  |
| NAME  |                                     |                     | NAME  | Stephanie D. Trudel  |  |
| STREET ADDRESS  |                                     |                     | STREET ADDRESS  | 360 Central Avenue   |  |
| CITY - ST - ZIP   |                                     |                     | CITY - ST - ZIP   | St. Petersburg, FL 33701   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                     |                     |   |  |  |
| <b>SIGNATURE:</b> <u>Nancy C. Haire</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br>Nancy C. Haire, Asst Secretary  |                                     |                     |   |  |  |
| Date 1/4/2005   |                                     |                     | Daytime Phone # 727-823-4000  |  |  |