

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90116 007 \*\*\*150.00

**DOCUMENT # F98000005069**



1. Entity Name  
**ORLANDO GAS PRODUCERS, INC.**

Principal Place of Business  
**425 SOUTH MAIN STREET, SUITE 201  
ANN ARBOR, MI 48104**

Mailing Address  
**425 SOUTH MAIN STREET, SUITE 201  
ANN ARBOR, MI 48104**

**60026834**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**38-3274176**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME ANDERSON, GERARD M  
STREET ADDRESS 425 SOUTH MAIN STREET, SUITE 201  
CITY-ST-ZIP ANN ARBOR, MI 48104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME RANGER, CURTIS T  
STREET ADDRESS 425 SOUTH MAIN STREET, SUITE 201  
CITY-ST-ZIP ANN ARBOR, MI 48104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPF ☐ Delete  
NAME RIGBY, MARK  
STREET ADDRESS 414 S. MAIN STREET, SUITE 600  
CITY-ST-ZIP ANN ARBOR, MI 48104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BEALE, SUSAN M  
STREET ADDRESS 2000 SECOND AVE.  
CITY-ST-ZIP DETROIT, MI 48226

TITLE Director ☐ Change ☒ Addition  
NAME Sandra Kay Ennis  
STREET ADDRESS 2000 Second Avenue  
CITY-ST-ZIP Detroit, MI 48226

TITLE D ☐ Delete  
NAME EARLEY, ANTHONY F JR  
STREET ADDRESS 2000 SECOND AVE.  
CITY-ST-ZIP DETROIT, MI 48226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MEADOR, DAVID E  
STREET ADDRESS 2000 SECOND AVE.  
CITY-ST-ZIP DETROIT, MI 48226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Curtis T. Ranger*

**Curtis T. Ranger, President** 3/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #