

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90001 016 ***150.00

DOCUMENT # H03117			
1. Entity Name ORANGE MANAGEMENT CORPORATION			
Principal Place of Business 1801 INDIAN RIVER BLVD C-8 VERO BEACH FL 32960 US		Mailing Address P O BOX 4271 VERO BEACH FL 32964 US	
2. Principal Place of Business 5025 FAIRWAYS CIRCLE Suite, Apt., etc. B106		3. Mailing Address State Above	
City & State Vero Beach FL		City & State State Above	
Zip 32967	Country FL	Zip 32967	Country FL
6. Name and Address of Current Registered Agent CORSORO, GLORIA 1801 INDIAN RIVER BLVD VERO BEACH FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5025 FAIRWAYS CIRCLE B106 City Vero Beach FL 32967	
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 \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CORSORO, GLORIA 1801 INDIAN RIVER BLVD. # C8 VERO BEACH FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORSORO GLORIA 5025 FAIRWAYS CIRCLE B106 Vero Beach FL 32967 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSORO, JOSEPH D. 1801 INDIAN RIVER BLVD. # C8 VERO BEACH FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORSORO JOSEPH 5025 FAIRWAYS CIRCLE B106 VERO BEACH FL 32967 ☒ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

7/29/05