

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # H03117 1. Entity Name ORANGE MANAGEMENT CORPORATION	
--	---

Principal Place of Business 5025 FAIRWAYS CIRCLE B-106 VERO BEACH, FL 32967 US	Mailing Address P O BOX 4271 VERO BEACH, FL 32964 US
--	--

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2410478	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CORSORO, GLORIA 5025 FAIRWAYS CIRCLE, B106 VERO BEACH, FL 32967

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CORSORO, GLORIA 5025 FAIRWAYS CIRCLE, B106 VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSORO, JOSEPH D. 5025 FAIRWAYS CIRCLE, B 106 VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000491794
04/19/06-80037-016 150.00

**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: Gloria Corsoro **3/23/06 7725670937X12,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #