


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 002 ***150.00

DOCUMENT # J38806

1. Entity Name
ORANGE TREE UTILITY CO.



Principal Place of Business Mailing Address

3000 ORANGE GROVE TRAIL **3000 ORANGE GROVE TRAIL**
NAPLES, FL 34120 US **NAPLES, FL 34120 US**

40078699



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4500 EXECUTIVE DR. **4500 EXECUTIVE DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
110 **# 110**

04182007 Chg-P CR2E034 (12/06)

City & State City & State

NAPLES FL **NAPLES FL**

4. FEI Number Applied For

59-2748297 Not Applicable

Zip Country Zip Country

34119 USA **34119 USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLLT, ROBERTO
3000 ORANGE GROVE TRAIL
NAPLES, FL 34120

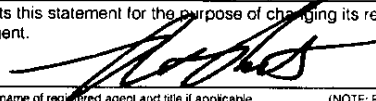
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4500 EXECUTIVE DR
110

City State Zip Code
NAPLES FL 34119

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:  DATE: **4/18/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
DPT	BOLLT, ROBERTO	3000 ORANGE GROVE TRAIL	NAPLES, FL 34120	<input type="checkbox"/>
DVP	LOWITZ, STEPHEN	3000 ORANGE GROVE TRAIL	NAPLES, FL 34120	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4500 EXECUTIVE DR # 110	NAPLES FL 34119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4500 EXECUTIVE DR # 110	NAPLES FL 34119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4/18/07** DAYTIME PHONE #: **239 596-4088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR