


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # J38806
 1. Entity Name
ORANGE TREE UTILITY CO.



Principal Place of Business 4500 EXECUTIVE DR. #110 NAPLES, FL 34119 US	Mailing Address 4500 EXECUTIVE DR. #110 NAPLES, FL 34119 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2748297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLLT, ROBERTO
4500 EXECUTIVE DR
#110
NAPLES, FL 34119

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UB0000788670
 01/18/08-80050-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOLLT, ROBERTO 4500 EXECUTIVE DR #110 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWITZ, STEPHEN 4500 EXECUTIVE DR #110 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **ROBERTO BOLLT** **15 JAN 08 234 596 4088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #