


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K15955 1. Entity Name ORION BANCORP, INC.	
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Principal Place of Business 3838 TAMiami TRAIL NORTH NAPLES, FL 34103 US	Mailing Address 3838 TAMiami TRAIL NORTH NAPLES, FL 34103 US
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04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0030114	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 JERRY J WILLIAMS 3838 TAMiami TRAIL, NORTH NAPLES, FL 34103
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN PRATT 4740 GULF SHORE BLVD, N NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARL HOLLAND 15270 KILBIRNIE DR FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES AULTMAN 5701 OVERSEAS HIGHWAY MARATHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP WILLIAMS, JERRY J. 3838 TAMiami TRAIL NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM E MEYERS 5381 SYCAMORE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOROK, JAMES J 900 ORCHID POINT WAY VERO BEACH, FL 32963

U00000353909
05/03/05-80084-023 150.00

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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:  **4-27-05** **(239) 261-4262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #