

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90127 034 ***550.00

DOCUMENT # K15955 1. Entity Name ORION BANCORP, INC.			
Principal Place of Business 3838 TAMiami TRAIL NORTH NAPLES, FL 34103 US		Mailing Address 3838 TAMiami TRAIL NORTH NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box # 2150 Goodlette Road North		3. Mailing Address P.O. Box 413040	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34101-3040	Country USA
4. FEI Number 65-0030114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ALAN PRATT	<input type="checkbox"/> Delete	
STREET ADDRESS 4740 GULF SHORE BLVD, N	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAPLES, FL	660 Reef Road Vero Beach, FL 32963		
TITLE D	NAME EARL HOLLAND	<input type="checkbox"/> Delete	
STREET ADDRESS 15270 KILBIRNIE DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FT. MYERS, FL			
TITLE D	NAME JAMES AULTMAN	<input type="checkbox"/> Delete	
STREET ADDRESS 5701 OVERSEAS HIGHWAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MARATHAN, FL			
TITLE DCP	NAME WILLIAMS, JERRY J.	<input type="checkbox"/> Delete	
STREET ADDRESS 3838 TAMiami TRAIL NORTH	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAPLES, FL	2150 Goodlette Road North Naples, FL 34102		
TITLE D	NAME TOROK, JAMES J	<input type="checkbox"/> Delete	
STREET ADDRESS 900 ORCHID POINT WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP VERO BEACH, FL 32963	574 S Spoonbill Drive Sarasota, FL 34236		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP 	S David J. Sweeney 9777 Wilshire Lakes Blvd Naples, FL 34109		
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 the empowered.			
SIGNATURE: <i>Jerry J. Williams</i>		Jerry J. Williams Date 7/12/07 Daytime Phone # (239) 261-4262	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	