

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # K15955

1. Entity Name
ORION BANCORP, INC.



Principal Place of Business

**2150 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US**

Mailing Address

**PO BOX 413040
NAPLES, FL 34101 US**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0030114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000912735
05/07/08-80091-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PRATT, ALAN
660 REEF ROAD
VERO BEACH, FL 32963**

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
2150 GOODLETTE ROAD NORTH
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
TOROK, JAMES J
574 S. SPOONBILL DRIVE
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
SWEENEY, DAVID J
9777 WILSHIRE LAKES BLVD
NAPLES, FL 34109**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry J. Williams 4/17/08 (239) 261-4262

Date

Daytime Phone #