

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K77396**  
 1. Entity Name  
**JAMES C. ORR ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 PO BOX 780519                      PO BOX 780519  
 ORLANDO, FL 32878                ORLANDO, FL 32878

**DO NOT WRITE IN THIS SPACE**



02272004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2955640</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ORR, JAMES C.  
 233 WALTON HEATH DR  
 ORLANDO, FL 32828

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

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

U00000074953  
 03/03/04-80040-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORR, JAMES C. 233 WALTON HEATH DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ORR, DONNA L 233 WALTON HEATH DR ORLANDO, FL 32828
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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:** James C. Orr    **JAMES C. ORR**    2-27-04    407-694-4186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #