

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M68691

1. Entity Name
ORCHID ISLE HOLDING COMPANY



Principal Place of Business

9301 N. A1A
SUITE 4
VERO BEACH, FL 32963

Mailing Address

9301 N. A1A
SUITE 4
VERO BEACH, FL 32963

FILED

May 03, 2004 08:00 AM
Secretary of State



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0080761

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

COLLINS, THOMAS H
9301 A-1-A
#4
VERO BEACH, FL 32963

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLLINS, THOMAS H. 9301 N. A1A, SUITE 4 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLLINS, GRETCHEN P. 9301 NO. A1A, SUITE 4 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

000000145566
04-12-04-00070-016 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 772-585-8000