
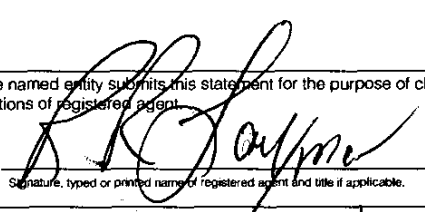
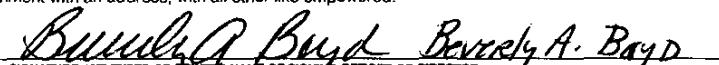


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90124 040 \*\*\*\*61.25

<b>DOCUMENT # N98000002945</b>					
1. Entity Name <b>ORCHID BOULEVARD CORPORATION</b>					
Principal Place of Business <b>4410 SE 19 AVE. CAPE CORAL, FL 33904 US</b>			Mailing Address <b>1929 SE 44TH ST. CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business <b>4453 Orchid Blvd</b>			3. Mailing Address <b>4453 Orchid Blvd</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>CAPE CORAL, FL</b>			City & State <b>CAPE CORAL, FL</b>		
Zip <b>33904</b>	Country <b>USA</b>	Zip <b>33904</b>	Country <b>USA</b>	4. FEI Number <b>65-0847770</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUINN, MARGE 4410 SE 19 AVE. CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent  <b>LAYMAN, RONALD Street Address (P.O. Box Number is Not Acceptable) 4453 Orchid Blvd.  City <b>CAPE CORAL</b> FL Zip Code <b>33904</b></b>		
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  <b>R. R. LAYMAN</b> DATE <b>3-9-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, MARGE		NAME	LAYMAN, RONALD	
STREET ADDRESS	4410 SE 19 AVE.		STREET ADDRESS	4453 ORCHID BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAYMAN, RONALD		NAME	OSTER, BARBARA	
STREET ADDRESS	4453 ORCHID BLVD.		STREET ADDRESS	4453 ORCHID BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ALAN		NAME		
STREET ADDRESS	1929 SE 44TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAHA, RENA		NAME		
STREET ADDRESS	4426 SE 19TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, BEVERLY		NAME		
STREET ADDRESS	1929 SE 44TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEL, ELAINE		NAME		
STREET ADDRESS	1911 SE 44TH ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
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 617, 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:  <b>Beverly A. Boyd</b> DATE <b>3/18/05</b> DAYTIME PHONE # <b>239-540-1925</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					