

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004867

FILED
Apr 19, 2004
Secretary of State

Entity Name: ORION CONSULTING, INC.

Current Principal Place of Business:

608 OLD SIX MILE HWY.
CENTRAL, SC 29630

New Principal Place of Business:

Current Mailing Address:

608 OLD SIX MILE HWY.
CENTRAL, SC 29630

New Mailing Address:

FEI Number: 65-0979844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, PAT
6514 HWY. 301
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOOVER, SORREL
Address: 608 OLD SIX MILE HWY.
City-St-Zip: CENTRAL, SC 29630

Title: VP () Delete
Name: HOOVER, SAMUEL
Address: 608 OLD SIX MILE HWY.
City-St-Zip: CENTRAL, SC 29630

Title: S () Delete
Name: HOOVER, SAMUEL
Address: 608 OLD SIX MILE HWY.
City-St-Zip: CENTRAL, SC 29630

Title: T () Delete
Name: HOOVER, SORREL
Address: 608 OLD SIX MILE HWY.
City-St-Zip: CENTRAL, SC 29630

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SORREL HOOVER

PRES

04/19/2004

Electronic Signature of Signing Officer or Director

Date