


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90035 049 \*\*\*150.00

<b>DOCUMENT # P00000019138</b>					
1. Entity Name <b>ORION COMMERCE GROUP, INC.</b>					
Principal Place of Business <b>2108 JELANE DRIVE VALRICO, FL 33594</b>			Mailing Address <b>2108 JELANE DRIVE VALRICO, FL 33594</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3626261</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MEYERS, MELVIN M 2108 JELANE DRIVE VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STROUD, RICHARD L</b>		NAME		
STREET ADDRESS	<b>2108 JELANE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, MELVIN</b>		NAME		
STREET ADDRESS	<b>2108 JELANE DRIVE</b>		STREET ADDRESS	<b>&gt; rest is same Meyers, Melvin</b>	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTENS, ALEX G</b>		NAME		
STREET ADDRESS	<b>2108 JELANE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Veronica Meyers</b>	
STREET ADDRESS			STREET ADDRESS	<b>2108 JELANE DRIVE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Melvin Meyers</i>			1/15/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			836436180		