


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90228 044 \*\*\*158.75

<b>DOCUMENT # P00000031106</b> 1. Entity Name WILD ORCHID PROPERTIES, INC.	
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Principal Place of Business 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208	Mailing Address 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208
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**DO NOT WRITE IN THIS SPACE**

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0994591	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FRICKER, H. MAX  
11300 U.S. HIGHWAY ONE  
SUITE 203  
NORTH PALM BEACH, FL 33408-3208

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PS
NAME	FRICKER, H. MAX
STREET ADDRESS	11300 US HWY ONE STE 203
CITY-ST-ZIP	NORTH PALM BEACH, FL 334083208

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IN THIS SPACE**

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

H. Max Fricker/Pres. 4/16/04 561-625-1005

Date

Daytime Phone #