

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90436 021 ***150.00

DOCUMENT # P00000068348

1. Entity Name

ORA PRODUCTIONS, INC.



Principal Place of Business

1210 KITTIWAKE CIRCLE
SANIBEL ISLAND FL 33957

Mailing Address

PO BOX 688
SANIBEL ISLAND FL 33957

2. Principal Place of Business

5334 Cocoa Ct.

3. Mailing Address

← (same)

Suite, Apt. #, etc.

Cape Coral

Suite, Apt. #, etc.

← (same)

City & State

Florida

City & State

← (same)

Zip

33904

Country

Lee

Zip

← (same)

Country

Lee



MOORE

CR2E034 (11/03)

4. FEI Number

62-1825499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERESA KOSTRUBALA
1210 KITTIWAKE CIRCLE
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name ← (same)

Street Address (P.O. Box Number is Not Acceptable)

5334 Cocoa Ct.

City

Cape Coral

FL

Zip Code

33904

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

Teresa Kostrubala TERESA KOSTRUBALA

4-20-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KOSTRUBALA, TERESA
STREET ADDRESS 1210 KITTIWAKE CIRCLE
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE D ☐ Delete
NAME KOSTRUBALA, THADDEUS L
STREET ADDRESS 1210 KITTIWAKE CIRCLE
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5334 Cocoa Ct.
CITY-ST-ZIP Cape Coral, FL 33904

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5334 Cocoa Ct.
CITY-ST-ZIP Cape Coral, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Teresa Kostrubala TERESA KOSTRUBALA, 4-20-04 (239) 945-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #