

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-24-2006 90418 005 \*\*\*158.75

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1st MOORE

CR2E034 (10/05)

<b>DOCUMENT # P00000070341</b> 1. Entity Name <b>ORION CONSULTING AND RESEARCH, INC.</b>					
Principal Place of Business <b>3775 LINJOHN ROAD JACKSONVILLE FL 32223</b>			Mailing Address <b>3775 LINJOHN ROAD JACKSONVILLE FL 32223</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>62-1832474</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KENNEDY, HUNTER C 3775 LINJOHN ROAD JACKSONVILLE FL 32223</b>			Name <b>CORPORATION SERVICE COMPANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS ST</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32301</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 <u>See RA Change 04/25/06</u> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when installing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00!</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEDY, HUNTER C 3775 LINJOHN ROAD JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>H. Kennedy</u> <b>HUNTER KENNEDY</b>			4/12/06 904 262 5151		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		