

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90291 014 ***150.00

DOCUMENT # P00000070390

1. Entity Name
ORA MANAGEMENT, INC.



Principal Place of Business

**5001 N COOLIDGE
TAMPA, FL 33614**

Mailing Address

**3355 BEARSS AVE
TAMPA, FL 33618**

94055137



DO NOT WRITE IN THIS SPACE

03142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3661366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618**

**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

Walter Sanders

Signature, typed or printed name of registered agent and title if applicable.

Walter Sanders

(NOTE: Registered Agent signature required when reinstating)

3/26/04

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DOYLE, RAYMOND
5001 N. COOLIDGE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DOYLE, CYNTHIA
5001 N. COOLIDGE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

R. A. Doyle

DATE

Daytime Phone #

3/26/04 813-884-4141