


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 018 ***150.00


DOCUMENT # P00000103048	
1. Entity Name ORCHID MANAGEMENT CORP.	

Principal Place of Business 1701 HWY A1A, #220 VERO BEACH, FL 32963	Mailing Address 1701 HWY A1A, #220 VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRANBERG, JANETTE 1701 HWY A1A, STE 220 VERO BEACH, FL 32963	Coastal Corporate Services, Inc.
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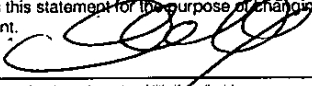
40005583



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1061699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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:  Ira C. Hatch, President
Coastal Corporate Services, Inc. 1/14/05

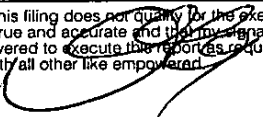
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST- GRANBERG, JANETTE 2405 MISSISSIPPI AVENUE FORT PIERCE, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V, S, T. Ira C. Hatch, Jr. 1701 Hwy A-1-A, Suite 220 Vero Beach, FL 32963
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:  Ira C. Hatch 1/14/05 772/234-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #