

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000000832

1. Entity Name

WET ORANGE STUDIO, INC.



Principal Place of Business

1027- SLIGH BLVD
ORLANDO FL 32806

Mailing Address

1027- SLIGH BLVD
ORLANDO FL 32806

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3631307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAIRNS, MICHAEL
6519 GROVENOR LN
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 V
NAME CAIRNS, MICHAEL J
STREET ADDRESS 1104 S WESTMORELAND AVE STE 5
CITY-ST- ZIP ORLANDO FL 32805 ☐ Delete

TITLE P
NAME CAIRNS, DAWN
STREET ADDRESS 6519 GROSVENOR LN
CITY-ST- ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Change ☐ Addition
000000070581
03/01/04-80044-017 150.00

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Michael J. Cairns 2/25/4 407 839 3965