

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 A
Secretary of State

DOCUMENT # P01000002308 1. Entity Name ORRA SGS, INC.	
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Principal Place of Business 1330 WEST LEE ROAD ORLANDO, FL 32810	Mailing Address 1330 WEST LEE ROAD ORLANDO, FL 32810
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0667954	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE 2300 SUN BANK CENTER ORLANDO, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

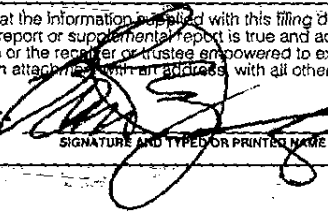
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD JENNINGS, BELTON E III P.O. BOX 609400 ORLANDO, FL 328609400
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAINTER, PAT 6211 N.W. 132ND STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SIEGEL, SARA 201 N. NEW YORK AVENUE - SUITE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRYER, RICHARD 5029 EDGEWATER DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROKEH, GREGORY D 317 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VOSE, PAULETTE PO BOX 609400 ORLANDO, FL 32860

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05/05/05-80124-016 150.00

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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  BELTON JENNINGS 4/27/2005 407-513-70
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #