# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000002308

1. Entity Name
ORRA SGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1330 WEST LEE ROAD<br>ORLANDO, FL 32810 | 1330 WEST LEE ROAD<br>ORLANDO, FL 32810 |

**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-P CR2E034 (10/03)

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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/05/05-80124-016 150.00

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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 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 #