2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

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DOCUMENT # P0100009285					Set	reta.	ry of State
	ORNE PROPERTIES, INC.						
Principal Place	a of Recinace	Mailing Address					
Principal Place of Business Mailing Address 606 BALD EAGLE DRIVE STE 500 606 BALD EAGLE DRIVE STE 5 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145			500				
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DO NOT WICHTE IN TIME STA			₩	4. FEI Number 56-230			Applied For Not Applicable
					of Status Desired		8.75 Additional
<u> </u>	6. Name and Address of Current Re	nistered Agent				<u> </u>	Fee Required
	V. Hame and Address of Ourten No.	gistered Agent	1	-			
WOODWARD, CRAIG R				DO	NOT W	RITE	• •
606 BALD EAGLE DRIVE STE 500 MARCO ISLAND, FL 34145				INI T	THIS SP	ACE	r
				114	riio or	MUE	
8. The above	named entity submits this statement for thiops of egistered agent.	e purpose of changing its register	red office or registe	ered agent, or bol	h, in the State of Flo	xida. I am f	amiliar with, and accept
(118 00)191	The second secon						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable INOTE Register	ed Agent signatulie reduire	ed when relinstating)		DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be ded to Fees			
	ÖFFIČERS AND DI	PECTOR					
10.	D OFFICERS AND DIE	RECTORS	1		·		
NAME	CHAMBERS, KELLY						
STREET ADDRESS	1834 SUMMER STREET		1				
CITY-SI-ZIP	HOMMOND, IN 46320						
TITLE NAME	MORRISON, J.M.				Hanna	147617C	3
STREET ADDRESS	1834 SUMMER STREET				02/20/06	-ANN32	3 -005 150.00
CiTY-ST-ZIP	HAMMOND, FL 46520		4		يتمررهن معداها بمست	*****	TOP LOOK YO
TITLE NAME							
STREET ADDRESS				חח	NOT W	DITE	Md Mc
CITY -ST-ZIP			_1	טט	IVUI VV		
TITLE				IN "	THIS SF	ACE	· · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #