2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000006548

1. Entity Name
ORCHID ISLAND PROPERTY MANAGEMENT II, INC.

Principal Place of Business	Mailing Address
1450 74TH AVENUE SW VERO BEACH, FL 32968	1450 74TH AVENUE SW VERO BEACH, FL 32968 US

DO NOT WRITE IN THIS SPACE

04292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
90-0002958	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FULFORD, E. PERRY
1450 74TH AVE SW
VERO BEACH, FL 32068

**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_____

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, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U000000949389
06/03/08-80027-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FULFORD, E. PERRY
STREET ADDRESS	1450 74TH AVENUE SW
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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