

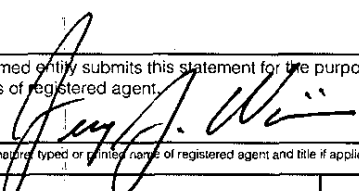
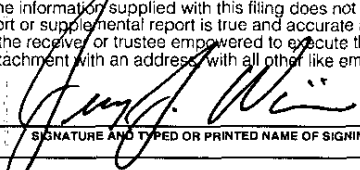


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000008390 1. Entity Name ORION BANK						FILED 04 MAY 17 AM 11:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3838 TAMiami TRAIL N NAPLES, FL 34101				Mailing Address 3838 TAMiami TRAIL N NAPLES, FL 34101						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State								
Zip		Zip								
				04262004		Chg-P		CR2E034 (10/03)		
				4. FEI Number 59-1648396		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name Jerry J. Williams					
					Street Address (P.O. Box Number is Not Acceptable) 3838 Tamiami Trail North					
					City Naples					
					FL					Zip Code 34103
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: 4/29/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D <input type="checkbox"/> Delete NAME WILLIAMS, JERRY J STREET ADDRESS 1625 GORDON DR CITY-ST-ZIP NAPLES, FL 34102					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 000036529220 STREET ADDRESS 05/18/04--01006--006 **200.00 CITY-ST-ZIP					
TITLE D <input type="checkbox"/> Delete NAME PRATT, ALAN STREET ADDRESS 1128 DORMIE DR CITY-ST-ZIP NAPLES, FL 34108					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE D <input type="checkbox"/> Delete NAME HOLLAND, EARL P STREET ADDRESS 15270 KILBIRNIE DR SE CITY-ST-ZIP FT MYERS, FL 33912					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE D <input type="checkbox"/> Delete NAME AULTMAN, JAMES W STREET ADDRESS 6799 OVERSEAS HWY CITY-ST-ZIP MARATHON, FL 33050					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE D <input type="checkbox"/> Delete NAME SCHMITT, BRIAN C STREET ADDRESS 11100 OVERSEAS HWY CITY-ST-ZIP MARATHON, FL 33050					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
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 if changed, or on an attachment with an address with all other like empowered.										
SIGNATURE: 					4/29/04 239-261-4262 <small>Date Daytime Phone #</small>					