

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000008390

1. Entity Name
ORION BANK



Principal Place of Business
3838 TAMiami TRAIL N
NAPLES, FL 34101

Mailing Address
3838 TAMiami TRAIL N
NAPLES, FL 34101



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1648396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, JERRY J
3838 TAMiami TRAIL NORTH
NAPLES, FL 34103

**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, 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	D
NAME	WILLIAMS, JERRY J
STREET ADDRESS	1625 GORDON DR
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	D
NAME	PRATT, ALAN
STREET ADDRESS	1128 DORMIE DR
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	D
NAME	HOLLAND, EARL P
STREET ADDRESS	15270 KILBIRNIE DR SE
CITY - ST - ZIP	FT MYERS, FL 33912
TITLE	D
NAME	AULTMAN, JAMES W
STREET ADDRESS	6799 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	D
NAME	SCHMITT, BRIAN C
STREET ADDRESS	11100 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/05-80049-003 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

(239) 261-4212

Daytime Phone #