

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90037 001 \*\*\*700.00

**66020749**



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|--|---|---|--|--|--|
| <b>DOCUMENT # P02000008390</b><br>1. Entity Name<br><b>ORION BANK</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>3838 TAMiami TRAIL N<br/>NAPLES, FL 34101</b>  |   |   | Mailing Address<br><b>3838 TAMiami TRAIL N<br/>NAPLES, FL 34101</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2150 Goodlette Road North</b>   |   | 3. Mailing Address<br><b>P.O. Box 413040</b>  |  |  |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>   |  |  |  |
| City & State<br><b>Naples, FL</b>  |   | City & State<br><b>Naples, FL</b>   |  | 4. FEI Number<br><b>59-1648396</b>   |  |
| Zip<br><b>34102</b>  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| Zip<br><b>34101-3040</b>   |   | Country<br><b>USA</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>CAPITAL CONNECTION, INC.</b><br><b>417 E. VIRGINIA ST.</b><br><b>STE. 1</b><br><b>TALLAHASSEE, FL 32301-1283</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WILLIAMS, JERRY J<br>1625 GORDON DR<br>NAPLES, FL 34102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2150 Goodlette Road North<br>Naples, FL 34102 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PRATT, ALAN<br>1128 DORMIE DR<br>NAPLES, FL 34108 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 660 Reef Road<br>Vero Beach, FL 32963 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HOLLAND, EARL P<br>15270 KILBIRNIE DR SE<br>FT MYERS, FL 33912 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>AULTMAN, JAMES W<br>6799 OVERSEAS HWY<br>MARATHON, FL 33050 <div style="text-align: right;"><input type="checkbox"/> Delete</div>    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SCHMITT, BRIAN C<br>11100 OVERSEAS HWY<br>MARATHON, FL 33050 <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <i>Jerry J. Williams</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Jerry J. Williams<br>7/12/07 (239) 261-4262<br><small>Date Daytime Phone #</small>   |  |  |