

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-18-2005 90042 006 ***150.00

DOCUMENT # P03000019894					
1. Entity Name THE ORNER FIRM, P.A.					
Principal Place of Business 2825 UNIVERSITY DRIVE, SUITE #350 CORAL SPRINGS, FL 33065			Mailing Address 2825 UNIVERSITY DRIVE, SUITE #350 CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ORNER, S. HOWARD 2825 UNIVERSITY DRIVE, SUITE #350 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEB IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME ORNER, S. HOWARD		<input type="checkbox"/> Delete		
STREET ADDRESS 2825 UNIVERSITY DRIVE, SUITE #350					
CITY-ST-ZIP CORAL SPRINGS, FL 33065					
TITLE PRES	NAME ORNER, S. HOWARD		<input type="checkbox"/> Delete		
STREET ADDRESS 2825 UNIVERSITY DRIVE, SUITE 350					
CITY-ST-ZIP CORAL SPRINGS, FL 33065					
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
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TITLE 	NAME		<input type="checkbox"/> Delete		
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TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE 	NAME		<input type="checkbox"/> Delete		
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: <i>S. Howard Orner</i> 7/13/05 954-752-1774					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



07132005 Chg-P CR2E034 (10/03) 161012
 4. FEI Number **16-1655452** Applied For
 APPLIED FOR Not Applicable

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