2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P03000092831

Entity Name: ORANGE ENTERPRISES, INC.

Current Principal Place of Business:

2798 GARZA RD.
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

2798 GARZA RD.
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 20-0181404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKIBBEN, JEFF J
105 SOUTH SIXTH AVE., STE. 1
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: THOMPSON, MIKELL S
Address: 2447 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD ( ) Delete
Name: THOMPSON, KENNETH E
Address: 930 WISTERIA CT.
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete
Name: GUERNDT, H. FRED JR.
Address: 2701 LAKE DAMON
City-St-Zip: AVON PARK, FL 33825

Title: PD ( ) Delete
Name: GUERNDT, CHARLES
Address: 803 S. TODD AVE.
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE THOMPSON SD 04/07/2006

Electronic Signature of Signing Officer or Director — Date