

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90046 016 \*\*\*150.00

**DOCUMENT # P03000101788**

1. Entity Name

ORBITAL ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

677 NORTH WASHINGTON BLVD.  
SUITE 25  
SARASOTA FL 34236

Mailing Address

677 NORTH WASHINGTON BLVD.  
SUITE 25  
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0227712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, GARY P  
3131 CLARK ROAD  
SUITE 202  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name RAYMOND V. WEBSTER  
Street Address (P.O. Box Number is Not Acceptable)  
677 NORTH WASHINGTON BLVD.  
SUITE 25 - SARASOTA EXECUTIVE SUITES  
City SARASOTA FL 34236  
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

Signature, typed or printed name of registered agent and title if applicable

RAYMOND V. WEBSTER  
(NOTE: Registered Agent signature required when reinstating)

1/25/05.  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBSTER, RAYMOND	
STREET ADDRESS	6538 FIELD SPARROW GLEN	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBSTER, SHEILA	
STREET ADDRESS	6538 FIELD SPARROW GLEN	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

R.V. Webster

RAYMOND V. WEBSTER

1/25/2005

941-809-6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #