2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AN
Secretary of State

1. Entity Nam	MENT # P030001168 ORING, INC.	69		Secretary of			
Principal Plac	e of Business	Mailing Address					
		7944 APACHE LN Lakeland, FL 33810					
	•			01222008	No Chg-P CR2	E034 (11/05)	
DO NOT WRITE IN THIS SPACE					•	Applied For	
_					4. FEI Number Applied For 20-0328127 Not Applicable 5. Certificate of Status Desired See Required		
8. Name and Address of Current Registered Agent				<u> </u>			
POOLE, SAUNDRA L 7944 APACHE LN LAKELAND, FL 33810		•	DO NOT WRITE IN THIS SPACE			···	
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	t ad office or register	ed agent, or bo	oth, in the State of Florida. I a	m familiar with, and accept	
JIGNATURE.	Signature, typed or printed name of registered agent and	ite il applicable. (NOTE: Registere	d Agent signature required	when reinstating)	DATE		
	E NOW!!! FEE 18 \$150.00 my 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	9. Election Campaign Financing \$5. Trust Fund Contribution. Adde				
10.	OFFICERS AND DIF	ECTORS					
TITLE .	D				•	,	
NAME STREET ADDRESS	POOLE, JOHN E 7944 APACHE LN		1		Unnongona.	moon	
CITY-ST-ZIP	LAKELAND, FL 33810		1		00000087 	5938 NS3-016 150 no l	

DO NOT WRITE
IN THIS SPACE

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 anyaddress, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TOTLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

CONSTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 763-853-93