

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90003 027 ***150.00

DOCUMENT # P04000049893 1. Entity Name ORCHID BAY HOMES, INC.			
Principal Place of Business 10188 REGENT CIRCLE NAPLES, FL 34109		Mailing Address 10188 REGENT CIRCLE NAPLES, FL 34109	
2. Principal Place of Business 119 S.E. 19th LN Suite, Apt. #, etc.		3. Mailing Address 119 S.E. 19th LN. Suite, Apt. #, etc.	
City & State CAPE CORAL, FL Zip Country 33908 LEE		City & State CAPE CORAL, FL Zip Country 33908 LEE	
4. FEI Number 30-0236201		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELANCON, MICHEL 10188 REGENT CIRCLE NAPLES, FL 34109		7. Name and Address of New Registered Agent Name MELANCON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 119 S.E. 19th LN City CAPE CORAL FL Zip Code 33908	
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!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELANCON, MICHEL 10188 REGENT CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELANCON, MICHAEL 119 S.E. 19th LN. CAPE CORAL, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 18-17-06 (941) 876-6990 <small>Daytime Phone #</small>	