


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 050 ***150.00

DOCUMENT # P04000140450	
1. Entity Name RICK ORANGE REALTY, P.A.	

Principal Place of Business 3315 SEAVIEW DRIVE SPRING HILL, FL 34606	Mailing Address 3315 SEAVIEW DRIVE SPRING HILL, FL 34606
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40034475

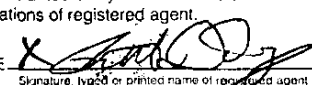


2. Principal Place of Business - No P.O. Box # 4432 HEDGEWOOD AVE	3. Mailing Address 4432 HEDGEWOOD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SPRING HILL FL	City & State SPRING HILL FL
Zip 34608 Country	Zip 34608 Country

02072007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1738103		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ORANGE, RICHARD D 3315 SEAVIEW DRIVE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4432 HEDGEWOOD AVE City SPRING HILL FL Zip Code 34608

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.

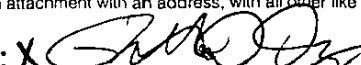
SIGNATURE:  DATE: X 3/5/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORANGE, RICHARD D 3315 SEAVIEW DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4432 HEDGEWOOD AVE SPRINGHILL FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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:  RICHARD ORANGE DATE: X 3/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR