2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000030934



FILED Mar 08, 2006 8:00 am Secretary of State 02-17-2006 90068 027 ***158.75

| 1. Entity Name ORANGE STREET LENDING, INC. | | | | | 02- | 7-2000 90008 | 027 | 136.73 | |
|--|---|---|----------------------------|--|---------------------|-------------------|-------------|--------------|-----------------------------|
| 12 W, ORAN | e of Business GE STREET KINGS, FL 34689 | Mailing Address 12 W. ORANGE STREET TARPON SPRINGS, FL. 34689 | | P. Pans. | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt, #, etc. | | Suite, Apt. #, etc. | | 01052006 | Chg-P | CR2E | 034 (11/05) | | |
| City & State | | City & State | City & State | | 4. FEI Numb 20-2 | 456497 | | | pplied For ot Applicable |
| Zip | Country | Zlp | Zlp Country | | 5. Certificate | of Status Desired | × | \$8.75 Ad | |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name an | Address of New R | egistered | Agent | |
| CIANFRONE, JOSEPH R | | | | | | | | | |
| 1964 BAYSHORE BOULEVARD DUNEDIN, FL. 34698 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| · | | | , | | | | | | |
| | | | | City | | | Fl | Zip Cod | le |
| 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. (NOTE: Registered Agent alignature required when reinstating) DATE | | | | | | | | | |
| | E NOWIII FEE 18 \$150.00 ay 1, 2006 Fee will be \$550. | icing \$5 | i.00 May Be ded to Fees | | | | | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AND | | |
| TITLE NAME | | | TITLE | | | | | Change | ☐ Addition |
| STREET ADDRESS City-St-Zip | l | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | TART ON SPRINGS, FE 3-4003 | Deleta | TITLE | | | | | ☐ Change | Addition |
| NAME Street Adoress | | | NAME | - 1 | | | | | , |
| CITY-ST-ZIP | | | | et address •St-Zip | | | | | |
| TITLE | ☐ Delete # | | | | | | | ☐ Change | Addition |
| NAME Street adoress | | | NAME | T ADDRESS | | | | | |
| CITY-ST-ZIP | · | | | ST-ZP | | | | | |
| TITLE . | | ☐ Delete | TITLE | 1. | | | | Change | Addition |
| STREET ADDRESS | | | STREE | T ADORESS | | | | | |
| TITLE | | | | ST-ZIP | | | | | |
| NAME | | ☐ Delete | TITLE | í | | | | Change | Addition |
| STREET ADDRESS City-St-Zip | | | | T ADDRESS | | | | | |
| TITLE | | ☐ Delete | TITLE | ST-ZP | | | | ☐ Change | Addition |
| NAME CONCERNO | | | NAME |) | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREE | T ADORESS ST-ZIP | | | | | } |
| 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 100 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 feetiver 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 it changed, or on an attacking the with an address, with all other like empowered. | | | | | | | | | |
| SIGNATURE: Roger 6. Fruits 2/6/2006 727-938-1700 | | | | | | | | | |



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

ORANGE STREET LENDING, INC. 12 W. ORANGE STREET TARPON SPRINGS, FL 34689

Subject: ORANGE STREET LENDING, INC.

Reference Number:

P05000030934

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION 3/3/06 Sorry-Corrected copy attached. Patricie M. Shompson