## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000124723

Entity Name: ORANGE VAN, INC.

**FILED** Mar 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2314 E. SEMORAN BLVD	1664 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US	APOPKA, FL 32703 US

**Current Mailing Address: New Mailing Address:** 

1664 S. ORANGE BLOSSOM TRAIL 2314 E. SEMORAN BLVD APOPKA, FL 32703 APOPKA, FL 32703 US

FEI Number: 20-3487260 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAN, CAM VAN, CAM 2314 E. SEMORAN BLVD 1664 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703 APOPKA, FL 32703 US

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.

SIGNATURE: CAM VAN 03/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition VAN, CAM VAN, CAM Name: Name: 2314 E. SEMORAN BLVD 1664 S. ORANGE BLOSSOM TRAIL Address: Address: City-St-Zip: APOPKA, FL 32703 US City-St-Zip: APOPKA, FL 32703 US Title: VΡ Title: () Change () Addition () Delete Name: VAN. PHUOC Name: 3883 AIDEN PL Address: Address: APOPKA, FL 32703 US City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: VΡ ( ) Change (X) Addition

Name: PHAM, LUC Name:

4518 WATERSIDE POINT CIRCLE Address: Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CAM VAN 03/20/2006