2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000128058



FILED Jul 17, 2006 8:00 am Secretary of State

1. Entity Name ORANGE HILL ENTERPRISES, INC.									07-17-200	06 901 40 02	27 ***15	8.75
Principal Place of Business 407 IAY COURT LOT 70 TALLAHASSEE, FL 32305			407	Mailing Address 407 IAY COURT LOT 70 TALLAHASSEE, FL 32305				4 (8 20022) 10				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				07062006	Chg-P	CR2E03	4 (11/05)	
City & State			City	City & State				4. FEI Number 2034	488171	,		plied For t Applicable
Zip	Country			Zip Countr		гу		5. Certificate	of Status Desired		8.75 Add see Required	
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New	Registered A	gent	
GRIGGS, JONATHAN 445 ROB ROY DRIVE CLERMONT, FL 34711					:	Street Address (P.O. Box Number is Not Acceptable)						
**************************************						City				FL	Zip Code	,
The above named entity submits this statement for the purpose of changing its registered off the obligations of registered agent.								ed agent, or bot	h, in the State of I		<u> </u>	
SIGNATURE_		•										
Ą.	Signature, typed	or printed name of registered age	епталотие пар	picable. (NO+)	:: riegistered	1 Agent signature rei	equired v	when reinstating)		DATE	, 	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fi Trust Fund Contributi								00 May Be d to Fees	In accordance corporation di	with s. 607. id not receive	193(2)(b), the prior n	F.S., the otice.
10.	10. OFFICERS AND DIRECTORS 1							ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 JAY	GLADYS COURT LOT 70 ASSEE, FL 32305		☐ Defete		i					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete TO Delete No. 445 ROB ROY DRIVE S										Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detete	•						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		L.					Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAM						☐ Change	☐ Addition
CiTY-ST-ZIP	continue that the	ne information supplied v	with this file	n dage not qualify to	CITY	-ST-ZIP	ained	in Chapter 110) Florida Statutes	s I further certi	fy that the in	nformation

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.