


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90047 004 ***150.00

DOCUMENT # P06000123317	
1. Entity Name ORANGE VAN LINES INC.	

Principal Place of Business 9813 QUINTA ARTESA WAY, STE. 106 FT. MYERS, FL 33908	Mailing Address 9813 QUINTA ARTESA WAY, STE. 106 FT. MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box # 9813 QUINTA ARTESA WAY	3. Mailing Address 9813 QUINTA ARTESA WAY
Suite, Apt. #, etc. # 106	Suite, Apt. #, etc. # 106
City & State FORT MYERS, FLORIDA	City & State FORT MYERS, FLORIDA
Zip 33908	Country USA

40123541



07022007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0874884	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NRAI SERVICES, INC.— 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUER, EGLE 9813 QUINTA ARTESA WAY, STE. 106 FT. MYERS, FL 33908 <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: Egle Bauer **EGLE BAUER** 07-03-07 (239)6913902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #