

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90016 020 ***150.00

DOCUMENT # P07000005034

1. Entity Name
ORANGE TREE HOT DOGS, INC.



Principal Place of Business
**9501 ARLINGTON EXPY
#745
JACKSONVILLE, FL 32225**

Mailing Address
**9501 ARLINGTON EXPY
#745
JACKSONVILLE, FL 32225**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-8234638

Applied For
Not Applicab

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, DEBRA S
8834 GOODBY'S EXECUTIVE DR
SUITE A
JACKSONVILLE, FL 32217**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROEBER, ANN K
14180 TOMAS POINT LANE
JACKSONVILLE, FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROEBER, FRANK R
14180 TOMAS POINT LANE
JACKSONVILLE, FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
EMLING, AMY
2257 WALKER'S GLEN LN
JACKSONVILLE, FL 32246** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

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CITY-ST-ZIP
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EMLING, AMY
2257 WALKER'S GLEN LN
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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:

Ann K. Roeben Ann Roeben Pres 1-30-08 904-221-2205