

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105553

FILED
Feb 19, 2009
Secretary of State

Entity Name: WEST ORANGE ENERGY SERVICES INC

Current Principal Place of Business:

650 CARTER ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

650 CARTER ROAD
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-3810872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, TIMOTHY
650 CARTER ROAD
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLY, KENNETH
Address: 17230 PABLO ISLAND DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: VP () Delete
Name: SHARP, KEVIN
Address: 165 EAST TILDEN STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: KELLY, TIMOTHY
Address: 650 CARTER ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: ZEIGLER, ADAM
Address: 106 DAKOTA AVE.
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KELLY, TIMOTHY
Address: 616 OLYMPIC DRIVE
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TIMOTHY KELLY

MR.

02/19/2009

Electronic Signature of Signing Officer or Director

Date