

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

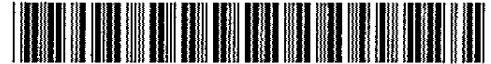
DOCUMENT # P93000033387

1. Entity Name
ORR'S UNDERGROUND CONSTRUCTION, INC.



Principal Place of Business
**7587 SW HIGHWAY 72
ARCADIA, FL 34266**

Mailing Address
**7587 SW HIGHWAY 72
ARCADIA, FL 34266**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0417880

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ORR, MARK W
7587 SW HIGHWAY 72
ARCADIA, FL 34266**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$500.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000258298
03/10/05-80036-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORR, MARK W
STREET ADDRESS	7587 SW HIGHWAY 72
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	ORR, MARSHALL P
STREET ADDRESS	7587 SW HIGHWAY 72
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marshall P. Orr **MARSHALL P. ORR** 3-4-05 (863) 993-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #