

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039753

FILED
Apr 24, 2006
Secretary of State

Entity Name: ORANGE MANAGEMENT OF ORLANDO, INC.

Current Principal Place of Business:

P.O. BOX 568245
ORLANDO, FL 32856

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568245
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-3237657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, PAMELA N
645 W. MICHIGAN ST.
ORLANDO, FL 32805 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: T () Delete
Name: SHAW, PAMELA N
Address: 2901 S. OSCEOLA ST.
City-St-Zip: ORLANDO, FL 32806

Title: DP () Delete
Name: BURDEN, RANDY O
Address: 1611 S. SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: DVP () Delete
Name: FINLEY, DAVID S
Address: 11364 W INDIANWOODS PATH
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: DVP () Delete
Name: GERRITS, EDWARD J II
Address: 6745 N MYAKA AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: DS () Delete
Name: WILLIAMS, DANIEL F JR
Address: 2789 S COLEMAN AVENUE
City-St-Zip: HOMOSASSA SPRINGS, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: BURDEN, RANDY O
Address: 700 HARDMAN DRIVE
City-St-Zip: ORLANDO, FL 32806

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA N SHAW

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04/24/2006

Electronic Signature of Signing Officer or Director

Date