

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039753

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: ORANGE MANAGEMENT OF ORLANDO, INC.

## Current Principal Place of Business:

645 W MIGHIGAN STREET  
ORLANDO, FL 32805

## 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: 700 HARDMAN DRIVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date