

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 017 ***150.00

DOCUMENT # P96000019428

1. Entity Name

ORANGE LAKE PROPERTIES, INC.



Principal Place of Business

10626 WOODSDALE LANE, S.
JACKSONVILLE FL 32256
US

Mailing Address

10626 WOODSDALE LANE, S.
JACKSONVILLE FL 32256
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3366423

Applied For

Not Applicable

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

HAYDEN, CALVIN E ESQUIRE
~~200 W. FORSYTH ST. SUITE K300~~ 6282-3 DUPONT
JACKSONVILLE FL 32202 x 32217
STATION CT.

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 DST ☐ Delete
NAME HAYDEN, CALVIN E
STREET ADDRESS ~~200 W. FORSYTH ST. SUITE K300~~
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
NAME HAYDEN, CALVIN E.
STREET ADDRESS 6282-3 DUPONT STATION COURT
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE P ☐ Delete
NAME MILLER, GEORGE T
STREET ADDRESS 10626 WOODSDALE LANE S.
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: George T. Miller George T. Miller, President 3/25/06 904/641-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone