

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90097 014 ***150.00

DOCUMENT # P96000054552	
1. Entity Name	
ORTEGA INDUSTRIES, INC.	



Principal Place of Business	Mailing Address
391 EAST RIVER RD EAST PALATKA FL 32131	P.O. BOX 307 EAST PALATKA FL 32131



2. Principal Place of Business	3. Mailing Address
390 East River Rd Suite, Apt. #, etc.	P.O. Box 307 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State	City & State
East Palatka, FL	
Zip	Country
32131	FL

4. FEI Number	59-3390731	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
OWEN, LEILANI 391 EAST RIVER ROAD EAST PALATKA FL 32131	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when installing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, LEILANI	NAME	
STREET ADDRESS	391 EAST RIVER RD	STREET ADDRESS	
CITY - ST - ZIP	EAST PALATKA FL 32131	CITY - ST - ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLISSON, DAWN	NAME	
STREET ADDRESS	391 EAST RIVER RD	STREET ADDRESS	
CITY - ST - ZIP	EAST PALATKA FL 32131	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Leilani S. Owen Leilani S. Owen 7/18/05 386-325-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50057287
#P96000054552

7/18/05

This form was received
on 7/15/05.

Enclosed is my \$150⁰⁰

Leilani S. Owen
