

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015838

Entity Name: ORION MANAGEMENT, INC.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

328 GREEN ACRES DR
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

141 N JOHN SIMS PKWY
VALPARAISO, FL 32580

Current Mailing Address:

328 GREEN ACRES DR
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

141 N JOHN SIMS PKWY
VALPARAISO, FL 32580

FEI Number: 59-3497296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, WILLIAM
328 GREEN ACRES DR
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

WRIGHT, WILLIAM
141 N JOHN SIMS PKWY
VALPARAISO, FL 32580 US

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: WILLIAM WRIGHT

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WRIGHT, WILLIAM
Address: 328 GREEN ACRES DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S D () Delete
Name: MONTGOMERY, WAYNE
Address: 328 GREEN ACRES DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PD () Delete
Name: WRIGHT, ROGER H
Address: 328 GREEN ACRES DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WRIGHT, WILLIAM
Address: 141 N JOHN SIMS PKWY
City-St-Zip: VALPARAISO, FL 32580

Title: S D (X) Change () Addition
Name: MONTGOMERY, WAYNE
Address: 141 N JOHN SIMS PKWY
City-St-Zip: VALPARAISO, FL 32580

Title: PD (X) Change () Addition
Name: WRIGHT, ROGER H
Address: 141 N JOHN SIMS PKWY
City-St-Zip: VALPARAISO, FL 32580

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM WRIGHT

VPD

03/10/2005

Electronic Signature of Signing Officer or Director

Date