


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000030454</b> 1. Entity Name ORR LEGAL NURSE CONSULTANCY, INC.	
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Principal Place of Business 960 MOCKINGBIRD LANE #623 PLANTATION, FL 33324	Mailing Address 960 MOCKINGBIRD LANE #623 PLANTATION, FL 33324
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01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0829166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ORR, MAUREEN JANE  
960 MOCKINGBIRD LANE  
#623  
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ORR, MAUREEN J
STREET ADDRESS	960 MOCKINGBIRD LANE #623
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	ORR, STEVEN D
STREET ADDRESS	960 MOCKINGBIRD LANE #623
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	S
NAME	ORR, MAUREEN J
STREET ADDRESS	960 MOCKINGBIRD LANE #623
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	T
NAME	ORR, STEVEN D
STREET ADDRESS	960 MOCKINGBIRD LANE #623
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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01/10/05-80040-013 150.00

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: Maureen J Orr 1/6/05 954-423-6971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #