


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 005 ***150.00

DOCUMENT # P99000023991	
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1. Entity Name
ORANGE STATE PROPERTY, INC.

Principal Place of Business
400 W. ASHLEY DR.
SUITE 2650
TAMPA, FL 33602

Mailing Address
ELIZABETH C HOPKINS
400 N ASHLEY DR SUITE 2650
TAMPA, FL 33602-4320

2. Principal Place of Business - No P.O. Box #
400 N. Ashley Dr., Ste. 2650

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip
33602-4328

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3585226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, DAVID E JR.
3520 CTY RD 579 S
WIMAUMA, FL 33598

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

David E. Ward Jr.

DAVID E. WARD, JR.

2/10/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDST	<input type="checkbox"/> Delete
NAME	BERRY, NANCY C	
STREET ADDRESS	2500 GULF BLVD APT 305A	
CITY-ST-ZIP	BELLEAIR BEACH, FL 337863547	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MACGREGOR, MARJORIE B	
STREET ADDRESS	2449 DEL WEBB BLVD E	
CITY-ST-ZIP	SUN CITY CENTER, FL 335736972	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WARD, LINDA	
STREET ADDRESS	1925 BAYSHORE BOULEVARD	
CITY-ST-ZIP	TAMPA, FL 33606	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Chapter 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:

Linda B. Ward LINDA B. WARD 02-08-07 813-251-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #