2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000107994

ORANGE STREET MANAGEMENT, INC.



FILED Jan 09, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5246 S.E. ORANGE STREET STUART, FL 34997

5246 S.E. ORANGE STREET STUART, FL 34997



CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	CQ 75	S. of official many
65-0967332		Not Applicable
4. FEI Number		Applied For

\$8.75 Additional Fee Required 5. Certificate of Status Desired

LOZEAU, LOUIS E JR 1100 S. FEDERAL HIGHWAY

DO NOT WRITE

No Chg-P

01052004

STUART, I	FL 34994			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 Signature, typed or printed name of registered agent and late if applicable. (NOTE, Registered Agent arginature required when reinstating).						
	E NOW!!! FEE IS \$150.00 sy 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYRRELL, WILLIAM A 5246 SE ORANGE STREET STUART, FL 349972445		. · · - -		000000001192 01/09/04-80032-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01703704-00052-005 150.08-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ABORESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS 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)(f), 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.						
(100 / N / 11/ 2 mam 2 1/2/24 max 222 1/02						

WILLIAM A . TYRRELL

NAME OF SIGNING OFFICER OR DIRECTOR