## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 03, 2005 08:00 AM DOCUMENT # P99000107994 1. Entity Name **Secretary of State** ORANGE STREET MANAGEMENT, INC. Mailing Address Principal Place of Business 5246 S.E. ORANGE STREET STUART FL 34997 5246 S.E. ORANGE STREET STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0967332 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOZEAU, LOUIS E JR 1100 S. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition TYRRELL, WILLIAM A NAME NAME 5246 SE ORANGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997-2445 CITY-ST-ZIP MIE Change Delete TITLE Addition U000000214078 NAME NAME 02/03/05-80097-010 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7IP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 12. I hereby certify that the information supplied with this filling 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.

WILLIAM

SIGNING OFFICER OR DIRECTOR

SIGNATURE: W

SIGNATURE AND TYPED OR PRIN