


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S14053 1. Entity Name ORRNOCO, INC.	
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Principal Place of Business 13200 W. NEWBERRY RD Q92 NEWBERRY, FL 32669 US	Mailing Address 13200 W. NEWBERRY RD Q92 NEWBERRY, FL 32669 US
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0233691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ORR, SUZANNE L. 13200 W. NEWBERRY RD Q92 NEWBERRY, FL 32669	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000182575 01/19/05-80035-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORR, SUZANNE L. 13200 W. NEWBERRY RD, #Q92 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORR, SUZANNE L. 13200 W. NEWBERRY RD, #Q92 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORR, JAMES A JR 13200 W. NEWBERRY RD, #Q92 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Suzanne L. Orr SUZANNE L. ORR 1.13.2005 352-332-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #