

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14053

Entity Name: ORRNOCO, INC.

FILED  
Feb 03, 2006  
Secretary of State

## Current Principal Place of Business:

13200 W. NEWBERRY RD  
Q92  
NEWBERRY, FL 32669 US

## New Principal Place of Business:

1623 N.W. 19TH CIRCLE  
GAINESVILLE, FL 32605 US

## Current Mailing Address:

13200 W. NEWBERRY RD  
Q92  
NEWBERRY, FL 32669 US

## New Mailing Address:

1623 N.W. 19TH CIRCLE  
GAINESVILLE, FL 32605 US

FEI Number: 65-0233691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORR, SUZANNE L.  
13200 W. NEWBERRY RD  
Q92  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

ORR, SUZANNE L.  
1623 N.W. 19TH CIRCLE  
GAINESVILLE, FL 32605 US

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.

SIGNATURE:

02/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ORR, SUZANNE L.,  
Address: 13200 W. NEWBERRY RD, #Q92  
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete  
Name: ORR, SUZANNE L.,  
Address: 13200 W. NEWBERRY RD, #Q92  
City-St-Zip: NEWBERRY, FL 32669

Title: DT ( ) Delete  
Name: ORR, JAMES A JR  
Address: 13200 W. NEWBERRY RD, #Q92  
City-St-Zip: NEWBERRY, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ORR, SUZANNE L.,  
Address: 1623 N.W. 19TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32605

Title: S (X) Change ( ) Addition  
Name: ORR, SUZANNE L.,  
Address: 1623 N.W. 19TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32605

Title: DT (X) Change ( ) Addition  
Name: ORR, JAMES A JR  
Address: 1623 N.W. 19TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE L. ORR

P

02/03/2006

Electronic Signature of Signing Officer or Director

Date