2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/13/2005-90020-012-$150.00-$150.00

FILED
05 SEP 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Roberts SEP 2 0 2005

DOCUMENT # S54326

1. Entity Name
ORTEGA BLUFFS, INC.

Principal Place of Business
P O BOX 826
HILLSBORO, OH 45133 US

Mailing Address
QPICPY1937
I JMTCPSPPI 156244IIIIIVT

03202005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3072439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, CECILE EVANS
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE, FL 32207

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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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREER, JERRY T.
STREET ADDRESS	6700 ST. RT 37 E
CITY-ST-ZIP	SUNBURY, OH 43074
TITLE	D
NAME	BAGSHAW, ROBERT
STREET ADDRESS	1310 FORREST COURT
CITY-ST-ZIP	MARCO ISLAND, FL 33937
TITLE	D
NAME	FERGUSON, KELLEY D.
STREET ADDRESS	2483 STONE BRIDGE
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	T
NAME	BAGSHAW, JEANINE
STREET ADDRESS	PO BOX 640
CITY-ST-ZIP	HILLSBORO, OH 45133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jeanine Bagshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #