## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # S81593

1. Entity Name

WEST ORANGE SECRETARIAL SERVICES, INC.



Mailing Address

Principat Place of Business 140 W. PLANT STREET WINTER GARDEN, FL 34787

P.O. BOX 770068 WINTER GARDEN, FL 34777-0068

## **FILED** May 04, 2006 08:00 AM Secretary of State



04272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3086330

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HECK, LOU 1333 E HWY 50

## DO NOT WRITE

WINTER GARDEN, FL 34787				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 registared agont and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACEY, JO ANN 226 S HIGHLAND AVE WINTER GARDEN, FL 34787					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/19/06-80036-019 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			at . MAAAA	DÓ	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

JOANN LACEY

4/28/06

407-877-0505

Daytime Phone #