

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # V25763

1. Entity Name
LAUREL ORCHIDS, INC.



Principal Place of Business
**17711 - 130TH AVENUE NORTH
JUPITER, FL 33478**

Mailing Address
**17711 - 130TH AVENUE NORTH
JUPITER, FL 33478**



05142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0323541** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NANCY E. PRIESS
17711 - 130TH AVENUE NORTH
JUPITER, FL 33478**

**DO NOT WRITE
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

Nancy E. Priess

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRIESS, NANCY E. 17711 - 130TH AVE. JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PRIESS, FRANK S. 17711 - 130TH AVE. JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRIESS, LAUREL L. 17711 - 130TH AVE. JUPITER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/05-80002-025 150.00

**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:

Nancy E. Priess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #