


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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| DOCUMENT # V45950 1. Entity Name L'ORANGE AUTO SERVICE CENTER, INC. |  |
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| Principal Place of Business 1089 JOHN SIMMS PARKWAY NICEVILLE, FL 32578 | Mailing Address 1089 JOHN SIMMS PARKWAY NICEVILLE, FL 32578 |
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04202004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 58-3130910 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

L'ORANGE, ROBERT
 1089 JOHN SIMS PARKWAY
 NICEVILLE, FL 32578

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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: *Robert L. Orange* 4-22-04
(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, 2004 Fee will be \$550.00

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

U00000143511
 04/30/04-80094-023 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD L'ORANGE, ROBERT 1089 JOHN SIMS PARKWAY NICEVILLE, FL 32578 |
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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)(f), 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: *Robert L. Orange* 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Date Daytime Phone #