


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 529961
 1. Entity Name
OGDEN RESORT DEVELOPMENTS, INC.



Principal Place of Business 174 W COMSTOCK AVE 100 WINTER PARK, FL 32789 US	Mailing Address 174 W COMSTOCK AVE 100 WINTER PARK, FL 32789 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1762628	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
 BRADLEY, STEPHEN W
 174 W COMSTOCK AVE
 100
 WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BRADLEY, STEPHEN W 174 W COMSTOCK AVE STE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLVIN, FERGUS 174 W COMSTOCK AVE STE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OGDEN, ROBERT 174 W COMSTOCK AVE STE 100 WINTER PARK, FL 32789
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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 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 I am empowered.

SIGNATURE:  **1/15/08** **407-467-0120**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #