


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L49969**  
1. Entity Name  
**COMPATIBLE TECHNOLOGIES OF ORLANDO,  
INCORPORATED**



Principal Place of Business <b>466 CHINAHILL COURT APOPKA, FL 32712 US</b>	Mailing Address <b>466 CHINAHILL COURT APOPKA, FL 32712 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2999305</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**CLAUDE, V A  
466 CHINAHILL COURT  
APOPKA, FL 32712**

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

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

U00000702134  
04/20/07-80085-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>CLAUDE, V A 466 CHINAHILL COURT APOPKA, FL 32712</b>
TITLE <b>ST</b>	<b>CLAUDE, DAWN M 200 EAST LAKE DRIVE TARPON SPRINGS, FL 34688</b>
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	

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IN THIS SPACE**

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 like empowered.

**SIGNATURE:**  **4/10/07** **407 884 5761**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone