

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 20, 2008
Secretary of State**

DOCUMENT# N97000006576

Entity Name: KEEP ORLANDO BEAUTIFUL, INC.

Current Principal Place of Business:

1010 S. WOODS AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1010 S. WOODS AVENUE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 65-0829554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IENNACO, AMY T ESQ.
400 S. ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VANTURE, HOLLY
Address: 1121 N. FERNCREEK AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: COX, ROGER M
Address: 1010 S. WOODS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: HUNT, JAMES D PE
Address: 1010 S WOOD AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: C () Delete
Name: FERRY, JANE
Address: 1010 S WOODS AVE
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: JONES, SHARON
Address: 1010 S. WOODS AVE
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COX, ROGER M
Address: 1010 S. WOODS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: HOAGLUND, WES
Address: 1010 S. WOODS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: GOOSTREE, JODY
Address: 1010 S WOODS AVE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L. JONES

T

02/20/2008

Electronic Signature of Signing Officer or Director

Date