


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000088343

1. Entity Name
APPLIED BUILDING DEVELOPMENT OF ORLANDO-B.L., INC.



Principal Place of Business 7380 W. SAND LAKE ROAD SUITE 420 ORLANDO, FL 32819	Mailing Address 7380 W. SAND LAKE ROAD SUITE 420 ORLANDO, FL 32819
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02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3743294	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOHN, DAVID
 7380 W. SAND LAKE RD. STE 420
 ORLANDO, FL 32819**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

U00000884073
 04/17/08-80029-008 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOHN, DAVID 7380 W. SAND LAKE ROAD, SUITE 420 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERON, DAN 7380 W. SAND LAKE ROAD, STE 420 ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: David Kohn **Date:** 407 370 6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #