## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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**DOCUMENT # P05000156855** 

1. Entity Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO - P.C., INC.

FILED (Apr 07, 2008 08:00 A)
Secretary of State

Principal Place of Business

NI CANDIAIC DD CTF 400

7380 W. SAND LAKE RD. STE 420 ORLANDO, FL 32836

Mailing Address

7380 W. SAND LAKE RD. STE 420 ORLANDO, FL 32836



02222008

No Chg-P

CR2E034 (11/05)

4, FEI Number 20-3935379

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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	The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both	, in the State of Florida.	I am familiar with, and accept
SI	SNATURE	(NOTE Revisitand Asset (Japahya remised what relief Nilso)	<del>- Uoonanes</del> 4	

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

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

10. OFFICERS AND DIRECTORS PS TITLE KOHN, DAVID NAME 7380 W. SAND LAKE RD. STE 420 STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP TITLE GUERON, DAN V NAME STREET ADDRESS 7380 W. SAND LAKE RD. STE 420 CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. Thereby certify that the information supplied with his 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PE

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kohn

4=73/0640

Daytime Phone a