



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90852 020 ***150.00

| | | | | | |
|--|-----------------------------------|--|--|--|--|
| DOCUMENT # P06000151828 | | | |  | |
| 1. Entity Name FERN CREEK INVESTMENT COMPANY OF ORLANDO | | | | | |
| Principal Place of Business 320 S BUMBY AVENUE SUITE 17 ORLANDO, FL 32803 | | | Mailing Address 320 S BUMBY AVENUE SUITE 17 ORLANDO, FL 32803 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04252007 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-8066424 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 | | | 7. Name and Address of New Registered Agent | | |
| NEAL, WILLIAM M 4811 BERRYWOOD DRIVE ORLANDO, FL 32812 | | | Name William M Neal Street Address (P.O. Box Number is Not Acceptable) 3331 Herringridge Dr. (change of address) City Orlando FL Zip Code 32812 | | |
| 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 re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NEAL, WILLIAM M | NAME | | 3331 Herringridge Dr | |
| STREET ADDRESS | 4811 BERRYWOOD DRIVE | STREET ADDRESS | | Orlando, FL 32812 | |
| CITY-ST-ZIP | ORLANDO, FL 32812 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DISTLER, STEPHEN | NAME | | | |
| STREET ADDRESS | 2993 SUMMER SWAN DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FISKUM, DAVID L | NAME | | | |
| STREET ADDRESS | 5019 SHELLEY COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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:  | | Date 4/25/07 407-207-8468 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |