


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90177 002 \*\*\*150.00

**DOCUMENT # P06000151828**

1. Entity Name  
**FERN CREEK INVESTMENT COMPANY OF ORLANDO**



Principal Place of Business      Mailing Address  
**320 S BUMBY AVENUE SUITE 17**      **320 S BUMBY AVENUE SUITE 17**  
**ORLANDO, FL 32803**      **ORLANDO, FL 32803**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3331 Herringridge Dr**      **3331 Herringridge Dr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



04272008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Orlando FL**      **Orlando, FL**

Zip      Country      Zip      Country  
**32812**      **USA**      **32812**      **USA**

4. FEI Number      Applied For  
**20-8066424**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**NEAL, WILLIAM M**  
**3331 HEIRINGRIDGE DR.**  
**ORLANDO, FL 32812**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEAL, WILLIAM M		NAME		
STREET ADDRESS	3331 HERRING RIDGE DR.		STREET ADDRESS		
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:** William M. Neal      **WILLIAM M. NEAL**      4/27/08      407 207 8468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #