

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000072446

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** DAVID'S BRIDAL OF ORLANDO, INC.

**Current Principal Place of Business:**

1001 WASHINGTON AVENUE  
CONSHOHOCKEN, PA 19428

**New Principal Place of Business:**

1001 WASHINGTON AVENUE  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

1001 WASHINGTON AVENUE  
CONSHOHOCKEN, PA 19428

**New Mailing Address:**

**FEI Number:** 23-3003179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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:** CEO  
**Name:** HUTH, ROBERT D  
**Address:** 1001 WASHINGTON AVENUE  
**City-St-Zip:** CONSHOHOCKEN, PA 19428

**Title:** CFO  
**Name:** MORPHIS, GENE  
**Address:** 1001 WASHINGTON STREET  
**City-St-Zip:** CONSHOHOCKEN, PA 19428

**Title:** T  
**Name:** GALBO, PHILIP  
**Address:** 1001 WASHINGTON STREET  
**City-St-Zip:** CONSHOHOCKEN, PA 19428

**Title:** S  
**Name:** ENGELBRECHT, WILLIAM  
**Address:** 1001 WASHINGTON STREET  
**City-St-Zip:** CONSHOHOCKEN, PA 19428

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM ENGELBRECHT

S

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date