

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000044269

**Entity Name:** OG OF CHEYENNE, INC.

**Current Principal Place of Business:**

1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32837

**Current Mailing Address:**

1000 DARDEN CENTER DRIVE  
CORPORATE TAX DEPT  
ORLANDO, FL 32837

**FEI Number:** 20-4795924

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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

**Officer/Director Detail :**

Title S  
Name MORROW, ANTHONY G  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title T  
Name SIMMONS, ANGELA M  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR, PRESIDENT  
Name KOREN, LINDSAY L  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title AS  
Name LYONS, COLLEEN H  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title ASST. TREASURER  
Name AMIN, SHEEL M  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

*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:** COLLEEN H. LYONS

**ASSISTANT SECRETARY** 02/08/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date