

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90053 015 ***150.00

DOCUMENT # 214838

1. Entity Name
ORLANDIA CORPORATION

LAKE388 32
NOTIFY SENDE
LAKE HYMEN
210 RIVERBEN
LONGWOOD FL

Principal Place of Business

**HYMEN LAKE
7388 CHANCERY LANE
ORLANDO, FL 32809**

*See
Change*

Mailing Address

**HYMEN LAKE
7388 CHANCERY LANE
ORLANDO, FL 32809**

50014301



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0875840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAKE, HYMAN
7388 CHANCERY LN
ORLANDO, FL 32809**

The Lake's
210 Riverbend Ct, Longwood FL 32779

*8 less note: new address
above -*

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	LAKE, HARRIET <i>See Above</i>
STREET ADDRESS	7388 CHANCERY LN <i>Change</i>
CITY-ST-ZIP	ORLANDO, FL
TITLE	PD
NAME	LAKE, HYMAN <i>See Above</i>
STREET ADDRESS	7388 CHANCERY LN <i>Change</i>
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	<i>Address change</i>
STREET ADDRESS	HYMEN Harriet Lake
CITY-ST-ZIP	210 Riverbend Ct Longwood FL 32779-4918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HYMEN LAKE 2/8/05 682-2488