2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 243398 Entity Name
 LLOYD'S OF ORLANDO, INC

71.

FILED Feb 27, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE O1082004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-1023913 Not Applied For 59-1023913 5. Certificate of Status Desired \$8.75 Additional Foe Required CINCYD, BLANCHE N. 1101 CITRUS RD MAITLAND, FL 32794 DO NOT WRITE IN THIS SPACE	P O BOX 940 MAITLAND, F		P 0 BOX 940882 Maitland, FL 32794						
LLOYD, BLANCHE N. 1101 CITRUS RD MAITLAND, FL 32794 8. The above named antity 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 access the obligations of registered agent. SIGNATURE SIGNATURE SUBMIT FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS IND. OFFICERS AND DIRECTORS ULOYD, BLANCHE N. SIGNATURE PO OFFICERS AND DIRECTORS ULOYD, BLANCHE N. SIRET ANDRESS OTV-51-2P TITLE NAME SINET ANDRESS OTV-51-2P TITLE NAME NAME SINET ANDRESS OTV-51-2P TITLE NAME NAME NAME SINET ANDRESS OTV-51-2P TITLE NAME NAME NAME SINET ANDRESS OTV-51-2P TITLE NAME NAME	DO NOT WRITE IN THIS SPAC				FEI Number Applied For 59-1023913 Not Applied For Not Applicate of Status Desired \$8.75 Additional				
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Spratium, typed or printed neme of trag served agent and title If applicable. (NOTE: Registered Agent and printing inequility). DATE FILE NOW/III FEE IS \$150.00									
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. D. OFFICERS AND DIRECTORS TITLE PO LLOYD, BLANCHE N. STREET ADDRESS CITY-ST-ZP TITLE NAME					natura required when remestary) DATE				
TITLE NAME CIRTUS RD., P. O. BOX 940882 N/A CIRTUS RD., P. O. BOX 94082 N/A CIRTUS RD., P	After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		5.00 May Be dided to Fees				
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12. Thereby certify that the information supplied with this filling 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 simple the same legal effect as if made under course the country of the countr	NAME STREET ADDRESS CITY-ST-ZIP								

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 attactingent with an address, with all other like empowered.