


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 503503
 1. Entity Name
THE ORLANDO TIMES, INC.



Principal Place of Business PO BOX 555339 P.O. BOX 5339 ORLANDO, FL 32855-339 US	Mailing Address PO BOX 555339 P.O. BOX 5339 ORLANDO, FL 32855-339 US
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07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1669996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, CALVIN JR.
 SWEET WATER COVE BLVD NORTH
 LONGWOOD, FL 32750

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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 \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTP COLLINS, CALVIN, JR., MD 212 SWEETWATER COVE BLVD. N. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLLINS, LOTTIE H. 212 SWEETWATER COVE N. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 07/11/06-80013-006 550.00

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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: *Calvin Collins Jr.* **7-6-2006** **(407) 841-3052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing