

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

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10-01-2004 90016 001 ***550.00
10-01-2004 90016 002 *****8.75
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| <b>DOCUMENT # 568311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 1. Entity Name<br><b>FOURPLEX OF ORLANDO, INC.</b>                 |  |  |  |
| Principal Place of Business<br><b>3380 MURFIELD DR<br/>P. O. BOX 2066<br/>TITUSVILLE, FL 32780 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Mailing Address<br><b>PO BOX 2066<br/>TITUSVILLE, FL 32780 US</b>  |  |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. Mailing Address                                                 |  |                                                                                   |  |
| State: <b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City & State                                                       |  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4. FEIN Number<br><b>69-0876096</b>                                |  |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | County                                                             |  | 5. Certificate of Status Number<br><b>08773004</b> <b>0876034</b> (10/03)         |  |
| 6. Name and address of Current Registered Agent<br><b>OSBORN, KATHLEEN<br/>3380 MURFIELD DR<br/>TITUSVILLE, FL 32780</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. Name and Address of New Registered Agent                        |  |                                                                                   |  |
| 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 obligation of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 9. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>      |  |                                                                                   |  |
| 10. Filing Fee<br><b>FILE NOW!!! FEE IS \$650.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 11. Election Company/ Partnership<br><b>Trust Fund Corporation</b> |  |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(2)(b), Florida Statutes. I further certify that the information contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the partner in a limited liability partnership or sole proprietorship as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this document, or on an attachment with an address, and all other filers have been notified. |  | 13. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>     |  |                                                                                   |  |
| 14. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 15. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>     |  |                                                                                   |  |
| 16. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 17. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>     |  |                                                                                   |  |
| 18. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 19. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>     |  |                                                                                   |  |
| 19. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 20. Signature of Officer or Director<br><b>KATHLEEN OSBORN</b>     |  |                                                                                   |  |
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Attachment

6643351  
# 568311

LAW OFFICES  
**FULLERTON, LEMANN, SCHAEFER & DOMINICK, LLP**

THOMAS W. DOMINICK\*  
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\*CERTIFIED SPECIALIST  
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THE STATE BAR OF CALIFORNIA  
BOARD OF LEGAL SPECIALIZATION

September 29, 2004

**VIA DHL EXPRESS**

Florida Division of Corporations  
2670 Executive Center Circle, Suite 100  
Tallahassee, FL 32301

Re: Fourplex of Orlando, Inc.

Dear Sir or Madam:

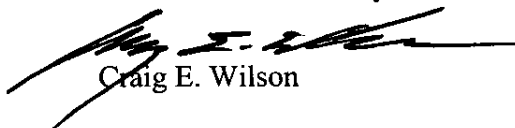
Enclosed find fully executed 2004 for Profit Corporation Annual Report for the above-referenced corporation.

Also enclosed find check number 4583 in the amount of \$550.00 for the filing fee and check number 4584 for \$8.75 for the Certificate of Status. Please acknowledge the filing of said document on the enclosed copy of the face sheet thereof and return it to us in the envelope provided for your convenience.

If you have any questions in this regard, please call me directly.

Very truly yours,

FULLERTON, LEMANN,  
SCHAEFER & DOMINICK, LLP

  
Craig E. Wilson

CEW:jam  
Enclosures