


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 705724 1. Entity Name TEN NINETY ONE BUILDING, INC.	
---	---

FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business 4790 DEAUVILLE DRIVE ORLANDO, FL 32808	Mailing Address 4790 DEAUVILLE DRIVE ORLANDO, FL 32808
--	--

DO NOT WRITE IN THIS SPACE



07172008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-6139993	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

MOTEN, RAYMOND B 2018 TORREY DR ORLANDO, FL 32818

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: <i>Raymond Moten - Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <i>7/17/08</i>
--	----------------------

Filing Fee is \$81.25
Due by September 12, 2008

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

U00000955768
 07/22/08-80003-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	T	MOTEN, RAYMOND
NAME		
STREET ADDRESS		2018 TORREY DRIVE
CITY-ST-ZIP		ORLANDO, FL 32818
TITLE	VC	SHELTON, BYRON
NAME		
STREET ADDRESS		431 W CHARLOTTE AVE
CITY-ST-ZIP		EUSTIS, FL 32726
TITLE	S	FORD, GORDON
NAME		
STREET ADDRESS		107 FRANCISCO WAY
CITY-ST-ZIP		WINTER SPRINGS, FL 32708
TITLE	D	ULBIN, SHANE
NAME		
STREET ADDRESS		704 CRESTWOOD WAY
CITY-ST-ZIP		WINTER SPRINGS, FL 32708
TITLE	D	CENTENO, MIRAM
NAME		
STREET ADDRESS		575 NORTHBRIDGE DRIVE
CITY-ST-ZIP		ALTAMONTE SPRINGS, FL 32714
TITLE	C	FLYNN, PATRICK
NAME		
STREET ADDRESS		802 MT VERNON PKWY
CITY-ST-ZIP		ALTAMONTE SPRINGS, FL 32706

DO NOT WRITE
IN THIS SPACE

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 617, 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: <i>Raymond Moten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>7/17/08</i>	Daytime Phone #: <i>407-719-0879</i>
--	----------------------	--------------------------------------