

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766842

FILED
Feb 20, 2008
Secretary of State

Entity Name: 4700 CONWAY BUILDING, INC.

Current Principal Place of Business:

C/O ANTHONY FRILINGOS
4755 S. CONWAY ROAD
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

C/O ANTHONY FRILINGOS
4755 S. CONWAY ROAD
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-2676743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRILINGOS, ANTHONY B
4755 S. CONWAY RD.
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRILINGOS, ANTHONY DR
Address: 4755 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812 US

Title: STMD () Delete
Name: FRILINGOS, ANTHONY DR.
Address: 4755 S CONWAY ROAD
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: MAURICIO, JOSE DR.
Address: 4747 S CONWAY RD
City-St-Zip: ORLANDO, FL 23812 US

Title: D () Delete
Name: NEWBOLD, PAUL DR.
Address: 4763 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812 US

Title: D () Delete
Name: PONELET, PHILLIP T MR.
Address: 4751 S. CONWAY RD
City-St-Zip: ORLANDO, FL 32812 US

Title: D () Delete
Name: DANIELS, JIM MR
Address: 4759 S. CONWAY RD.
City-St-Zip: ORLANDO, FL 32812 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY B. FRILINGOS

PD

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date