

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000532

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ST LOUIS ORLANDO ENTERPRISES, INC.

**Current Principal Place of Business:**

379 WEST MICHIGAN ST  
SUITE 200  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

10966 GRAVOIS IND CT  
ST LOUIS, MO 63128

**New Mailing Address:**

FEI Number: 43-1912772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JUDSON, JOHN E  
Address: 10966 GRAVOIS IND CT  
City-St-Zip: ST LOUIS, MO 63128

Title: VD ( ) Delete  
Name: CUTLIP, BRENT L  
Address: 379 WEST MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32806

Title: STD ( ) Delete  
Name: CUTLIP, JAMIE L  
Address: 379 WEST MICHIGAN  
City-St-Zip: ORLANDO, FL 32806

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E JUDSON

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date