

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000002531

1. Entity Name
ORLANDO SANFORD DOMESTIC, INC.



Principal Place of Business
**3217 RED CLEVELAND BLVD.
SANFORD, FL 32773**

Mailing Address
**3217 RED CLEVELAND BLVD.
SANFORD, FL 32773**



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610797

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, R. KEITH
3217 RED CLEVELAND BLVD.
SANFORD, FL 32773**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**ATFC
FRITZ, KIMBRA F
3217 RD CLEVELAND BLVD
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ACKLEY, DAVID E
3217 RED CLEVELAND BLVD
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOULDTHORPE, LARRY D
3217 RED CLEVELAND BLVD
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTDS
ROBINSON, R. KEITH
3217 RED CLEVELAND BLVD.
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LOGAN, DAVID
3217 RED CLEVELAND BLVD
SANFORD, FL 32773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DULL, GREGORY A
3217 RED CLEVELAND BLVD.
SANFORD, FL 32773**

U000000661648
03/20/07-80049-007 150.00

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

407-585-4500

Daytime Phone #