

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**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



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3610797	Applied For Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

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03/13/08-80020-001 150.00

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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: R. Keith Robinson 3/20/08 407-585-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #