


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90219 018 \*\*\*150.00

<b>DOCUMENT # F04000007080</b> 1. Entity Name <b>KPS ORLANDO, INC.</b>					
Principal Place of Business <b>680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b>			Mailing Address <b>680 SOUTH FOURTH STREET LOUISVILLE, KY 40202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, SCOTT A		NAME		
STREET ADDRESS	680 SOUTH FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP		
TITLE	VCIO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, RICHARD E		NAME		
STREET ADDRESS	680 SOUTH FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURNUTTE, DOUGLAS L		NAME		
STREET ADDRESS	680 SOUTH FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANNAN, MICHAEL		NAME		
STREET ADDRESS	680 SOUTH FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP		
TITLE	VCS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDENWICH, JOSEPH L		NAME		
STREET ADDRESS	680 SOUTH FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP		
TITLE	VCFO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, MARK A		NAME		
STREET ADDRESS	680 SOUTH FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Hank Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/05 (202)</u> Daytime Phone # <u>596-7300</u>		