

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 006 ***150.00

DOCUMENT # F07000004344

1. Entity Name
ORLANDO WINNELSON CO.



Principal Place of Business
**1996 STANHOME WAY
ORLANDO, FL 32801-5114**

Mailing Address
**1996 STANHOME WAY
ORLANDO, FL 32801-5114**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1000 HURRICANE SHOALS RD, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-100

03252008

Chg-P

CR2E034 (12/06)

City & State

City & State

LAWRENCEVILLE, GA

4. FEI Number
26-0777026

Applied For
Not Applicable

Zip

Country

Zip

Country

30043

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **LYON, STEVEN E**
STREET ADDRESS **1996 STANHOME WAY**
CITY-ST-ZIP **ORLANDO, FL 328015114**

TITLE **PO** ☒ Change ☐ Addition
NAME **LYON, STEVEN E**
STREET ADDRESS **1996 STANHOME WAY**
CITY-ST-ZIP **ORLANDO, FL 328015114**

TITLE **VP** ☐ Delete
NAME **LARKIN, DENNIS M**
STREET ADDRESS **1000 HURRICANE SHOALS RD BLDG D500**
CITY-ST-ZIP **LAWRENCEVILLE, GA 300434826**

TITLE **D** ☒ Change ☐ Addition
NAME **LARKIN, DENNIS M**
STREET ADDRESS **1000 HURRICANE SHOALS RD, NE C-100**
CITY-ST-ZIP **LAWRENCEVILLE, GA. 30043**

TITLE **DVP** ☐ Delete
NAME **GROUT, CALVIN W**
STREET ADDRESS **3110 KETTERING BLVD**
CITY-ST-ZIP **DAYTON, OH 45439**

TITLE **D** ☐ Change ☐ Addition
NAME **GROUT, CALVIN W**
STREET ADDRESS **3110 KETTERING BLVD**
CITY-ST-ZIP **DAYTON, OH. 45439**

TITLE **D** ☐ Delete
NAME **SALSMAN, MONTE L**
STREET ADDRESS **3110 KETTERING BLVD**
CITY-ST-ZIP **DAYTON, OH 45439**

☐ Change ☐ Addition

TITLE **ST** ☐ Delete
NAME **MUEGEL, PHILLIP E**
STREET ADDRESS **1000 HURRICANE SHOALS BLVD NE BLDG 500**
CITY-ST-ZIP **LAWRENCEVILLE, GA 300434826**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #