
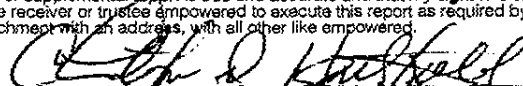


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F35193 1. Entity Name WEST ORLANDO DEVELOPERS, INC.		
Principal Place of Business OAKLAND AVE 419 E OAKLAND AVE OAKLAND, FL 34760 US		Mailing Address PO BOX 651 OAKLAND, FL 34760 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARTSFIELD, CHRISTOPHER D 91 BROAD STREET WINTER GARDEN, FL 34787		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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARTSFIELD, CHRISTOPHER PO BOX 651 OAKLAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARTSFIELD, JUDITH L. PO BOX 651 OAKLAND, FL	000000003824 01/14/04-80002-005 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-7-04 - 407-832-4426 Date Daytime Phone #