

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90064 025 \*\*\*150.00

**DOCUMENT # F59790**

1. Entity Name

AUTHORIZED SERVICES OF ORLANDO, INC.



Principal Place of Business

C/O ANDREW J MALONEY  
1915 E. COLONIAL DRIVE  
ORLANDO FL 32803-4851

Mailing Address

C/O ANDREW J MALONEY  
1915 E. COLONIAL DRIVE  
ORLANDO FL 32803-4851

2. Principal Place of Business

1503 N. MILLS AVE

Suite, Apt. #, etc.

3. Mailing Address

1503 N. MILLS AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

4. FEI Number

59-2145430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALONEY, ANDREW J  
1915 E. COLONIAL DR.  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Andrew J. Maloney

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

1503 N. MILLS AVE.

City

Orlando

FL

Zip Code

32803

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

Andrew J Maloney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	KURTZ, NANCY RUTH	
STREET ADDRESS	2905 LAKE ARNOLD PLACE	
CITY-ST-ZIP	ORLANDO FL 32306	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONEY, ANDREW J	
STREET ADDRESS	2905 LAKE ARNOLD PL	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

Nancy R. Kurtz

3-15-04

407-898-8641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #