


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000003457	
1. Entity Name ORLANDO G.S., INC.	

Principal Place of Business 1300 METROPOLITAN AVENUE OKLAHOMA CITY, OK 73108	Mailing Address 1300 METROPOLITAN AVENUE OKLAHOMA CITY, OK 73108
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3447899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORE, STACEY 27001 US 19 NORTH #1015 CLEARWATER, FL 34621
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U000000144555 04/30/04-80137-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP COUNTS, JACK E JR 1300 METROPOLITAN AVENUE OKLAHOMA CITY, OK 73108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CHILTON, MICHELLE S 1300 METROPOLITAN AVENUE OKLAHOMA CITY, OK 73108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC HARDAWAY, KYP 1300 METROPOLITAN AVENUE OKLAHOMA CITY, OK 73108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michelle S. Chilton 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #