

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/4

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90164 008 \*\*\*150.00

DOCUMENT # F97000003457

1. Entity Name  
ORLANDO G.S., INC.



Principal Place of Business Mailing Address  
1300 METROPOLITAN AVENUE 451 Altmore 1300 METROPOLITAN AVENUE  
OKLAHOMA CITY, OK 73108 Ave Space OKLAHOMA CITY, OK 73108  
1227 Altmore Springs FL 32701

66023723



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3447899 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PORE-STACEY Robert Nuccio  
27004 US 19 NORTH #1015 4290 Dundee DR.  
CLEARWATER, FL 34621 Lake Worth FL  
33467

**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 Michelle Chilton

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	GR DIRECTOR
NAME	COUNTS, JACK E JR
STREET ADDRESS	1300 METROPOLITAN AVENUE
CITY-ST-ZIP	OKLAHOMA CITY, OK 73108
TITLE	VP
NAME	CHILTON, MICHELLE S
STREET ADDRESS	1300 METROPOLITAN AVENUE
CITY-ST-ZIP	OKLAHOMA CITY, OK 73108
TITLE	VP CFO/TREASURER
NAME	HARDAWAY, KYP
STREET ADDRESS	1300 METROPOLITAN AVENUE
CITY-ST-ZIP	OKLAHOMA CITY, OK 73108
TITLE	Pres
NAME	O'Neal, James P.
STREET ADDRESS	21001 Network Blvd Ste 407
CITY-ST-ZIP	FRISCO TX 75034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Michelle Chilton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone