

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003457

Entity Name: ORLANDO G.S., INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

451 ALMONTE AVE SPACE 1227
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1300 METROPOLITAN AVENUE
OKLAHOMA CITY, OK 73108

New Mailing Address:

FEI Number: 59-3447899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUCCIO, ROBERT
9290 DUNDEE DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COUNTS, JACK E JR
Address: 1300 METROPOLITAN AVENUE
City-St-Zip: OKLAHOMA CITY, OK 73108

Title: VP () Delete
Name: CHILTON, MICHELLE S
Address: 1300 METROPOLITAN AVENUE
City-St-Zip: OKLAHOMA CITY, OK 73108

Title: CFOT () Delete
Name: HARDAWAY, KYP
Address: 1300 METROPOLITAN AVENUE
City-St-Zip: OKLAHOMA CITY, OK 73108

Title: P () Delete
Name: ONED, JAMES P
Address: 2601 NETWORKBLVD, STE 407
City-St-Zip: FRISCO, TX 75034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE S. CHILTON

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date