

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G56076**

1. Entity Name  
**ORLANDINN FLORIDA, INC.**



Principal Place of Business  
**2424 RTE 52  
HOPEWELL JUNCTION, NY 12533 US**

Mailing Address  
**2424 RTE 52  
HOPEWELL JUNCTION, NY 12533 US**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3206697**

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

Applied For  
Not Applicable

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

**PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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) 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 VS  
NAME PLEMARONS, JODEE  
STREET ADDRESS 2424 RTE 52  
CITY - ST - ZIP HOPEWELL JUNCTION, NY 12533

TITLE PD  
NAME KENDZIERA, CRAIG  
STREET ADDRESS 2424 RTE 52  
CITY - ST - ZIP HOPEWELL JUNCTION, NY 12533

TITLE VT  
NAME STEENHUISEN, ROBERT  
STREET ADDRESS 2424 RTE 52  
CITY - ST - ZIP HOPEWELL JUNCTION, NY 12533

TITLE VS  
NAME PLEMUGRONS, JODCE  
STREET ADDRESS 2424 RTE 52  
CITY - ST - ZIP HOPEWELL JUNCTION, NY 12533

TITLE VD  
NAME RICKARDS, T. RAYMOND  
STREET ADDRESS 2424 RTE 52  
CITY - ST - ZIP HOPEWELL JUNCTION, NY 12533

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000359220  
05/04/05-80147-003 150.00

**DO NOT WRITE  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05