

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56076

FILED  
May 01, 2007  
Secretary of State

Entity Name: ORLANDINN FLORIDA, INC.

**Current Principal Place of Business:**

2424 RTE 52  
HOPEWELL JUNCTION, NY 12533 US

**New Principal Place of Business:**

**Current Mailing Address:**

2424 RTE 52  
HOPEWELL JUNCTION, NY 12533 US

**New Mailing Address:**

FEI Number: 13-3206697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: VS ( ) Delete  
Name: PLEMMONS, JODEE  
Address: 2424 RTE 52  
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: PD ( ) Delete  
Name: KENDZIERA, CRAIG  
Address: 2424 RTE 52  
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: VT ( ) Delete  
Name: STEENHUISEN, ROBERT  
Address: 2424 RTE 52  
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: VD ( ) Delete  
Name: RICKARDS, T. RAYMOND  
Address: 2424 RTE 52  
City-St-Zip: HOPEWELL JUNCTION, NY 12533

**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: CRAIG KENDZIERA

P

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date