

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90031 012 \*\*\*150.00

**DOCUMENT # G56166**

1. Entity Name  
**ORLANDO CENTRAL, INC.**



Principal Place of Business  
**1201 HAYS ST  
STE 105  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**1201 HAYS ST  
STE 105  
TALLAHASSEE, FL 32301 US**

**40000107**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03272008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**98-0062772**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **VON WIEDEBACH, -NOSTITZ TIBOR**  
STREET ADDRESS **LEOPOLDSTRASSE 7**  
CITY-ST-ZIP **MUNICH GERMANY D-90802.**

TITLE **D** ☒ Change ☐ Addition  
NAME **VON WIEDEBACH-NOSTITZ, TIBOR**  
STREET ADDRESS **LEOPOLDSTRASSE 7**  
CITY-ST-ZIP **MUNICH, GERMANY, D-80802**

TITLE **STD** ☐ Delete  
NAME **VON TEICHMAN, WOLF**  
STREET ADDRESS **178 ST GEORGE STREET TORONTO, ONTARIO**  
CITY-ST-ZIP **CANAADA, M5R 2M7.**

TITLE **STD** ☒ Change ☐ Addition  
NAME **VON TEICHMAN, WOLF**  
STREET ADDRESS **178 ST. GEORGE STREET**  
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA, M5R 2M7**

TITLE **P** ☐ Delete  
NAME **VON BERNEWITZ, ALEXANDER**  
STREET ADDRESS **AUSTRASSE 52**  
CITY-ST-ZIP **VADUZ, LIECHTENSTEIN.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 firm empowered.

**SIGNATURE:**

*Wolf von Teichman*  
**Wolf von Teichman - Director**

**(416)**  
**March 27, 2008 968-7070**

Date

Daytime Phone #