


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90212 017 ***150.00

DOCUMENT # H38472

1. Entity Name
ORLANDO & SONS REPAIR CENTER, INC.




Principal Place of Business Mailing Address
569 S. YONGE STREET **569 S. YONGE STREET**
ORMOND BEACH, FL 32174-7539 **ORMOND BEACH, FL 32174-7539**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40000



02212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2496453 Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, JEFFREY, C
595 W GRANADA BLVD #A
ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIONFRIDDO, ORLANDO	
STREET ADDRESS	120 PUTNAM AVENUE	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROSSI, LUCILLE	
STREET ADDRESS	2015 TONI RD.	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSSI, JOSEPH	
STREET ADDRESS	2015 TONI RD.	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIONFRIDDO, CORRADO	
STREET ADDRESS	82 LAKE PARK CIR	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Lucille Rossi, SAC. 2-29-08 (386)677-9971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #