

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38472

FILED
Apr 24, 2009
Secretary of State

Entity Name: ORLANDO & SONS REPAIR CENTER, INC.

Current Principal Place of Business:

569 S. YONGE STREET
ORMOND BEACH, FL 321747539

New Principal Place of Business:

Current Mailing Address:

569 S. YONGE STREET
ORMOND BEACH, FL 321747539

New Mailing Address:

FEI Number: 59-2496453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEET, JEFFREY, C
595 W GRANADA BLVD #A
ORMOND BCH, FL 32174 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: ST () Delete
Name: ROSSI, LUCILLE
Address: 2015 TONI RD.
City-St-Zip: ORMOND BEACH, FL

Title: V () Delete
Name: ROSSI, JOSEPH
Address: 2015 TONI RD.
City-St-Zip: ORMOND BEACH, FL

Title: P () Delete
Name: GIONFRIDDO, CORRADO
Address: 82 LAKE PARK CIR
City-St-Zip: ORMOND BEACH, FL

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:

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: LUCILLE ROSSI

ST

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date