

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # H82145

1. Entity Name
TOLLMAN-HUNDLEY ORLANDO, INC.



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

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



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3305965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	KENDETTA, CRAIG
STREET ADDRESS	2424 RORRESE
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VP
NAME	STEENHUISEN, JODER
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	VPSD
NAME	RICKARD, RAYMOND T
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL, NY 12539

U00000358924
05/04/05-80135-009 150.00

**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

4/29/05
Date Daytime Phone #