## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **FILED** May 01, 2008 08:00 AN Secretary of State

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1. Entity Name

TOLLMAN-HUNDLEY ORLANDO, INC.



Principal Place of Business

2424 ROUTE 52

HOPEWELL JUNCTION, NY 12533

of the corporation or the rece changed, or on an attachmen

SIGNATURE:

Mailing Address

2424 ROUTE 52

HOPEWELL JUNCTION, NY 12533



04282008

No Chg-P

CR2E034 (11/05)

8115 223 3603

Davtme Phone #

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

<ol> <li>In eabove 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.</li> </ol>											
SIGNATURE Sgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution.	· -	55.00 May Be Added to Fees							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD KENDZIERA, CRAIG 2424 ROUTE 52 HOPWELL JUNCTION, NY 12533	CTORS			000000939251 05/28/08-80020-018 19	50.00					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP STEENHURSEN, ROBERT 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533					,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD RICKARD, RAYMOND T 2424 ROUTE 52 HOPEWELL, NY 12539			DO	NOT WRITE						
NAME STREET ADDRESS   CITY-SI-ZIP	VP PLEMMONS, JODEE 2424 RT 52 HOPEWELL JUNCTION, NY 12533			IN 7	THIS SPACE						
NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS						٠.					

12. Thereby 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if