

2005 FOR PROFIT CORPORATION ANNUAL REPORT


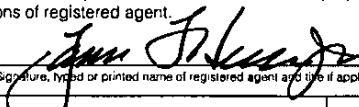

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Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90347 047 ***150.00

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03212005 Chg-P CR2E034 (10/03)

DOCUMENT # J93996					
1. Entity Name ORLANDO LAKE FOREST, INC.					
Principal Place of Business C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE, KY 40223			Mailing Address C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE, KY 40223		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-1126770	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent BAVEC, RICHARD D 690 LAKE FOREST BOULEVARD LAKE FOREST, FL 32771			7. Name and Address of New Registered Agent Name <u>James F. Heekin, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>215 N. Eola Drive</u> City <u>Orlando</u> FL Zip Code <u>32801</u>		
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 <u>4/22/05</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NICHOLS, J.D. 10172 LINN STATION RD. LOUISVILLE, KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC J.D. Nichols 10172 Linn Station Rd. Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, BRIAN F 10172 LINN STATION RD. LOUISVILLE, KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P. Gregory A. Wells 10172 Linn Station Rd. Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOWARD, SUSAN 10172 LINN STATION RD LOUISVILLE, KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Susan M. Howard 10172 Linn Station Rod. Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BAVEC, RICHARD D 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WELLS, GREGORY A 10172 LINN STATION ROAD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer David B. Pitchford 10172 Linn Station Rd. Louisville, KY 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: <u>4/21/05</u>		Daytime Phone #: <u>(502)426-4800</u>
Susan M. Howard, Secretary					