


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L74959 1. Entity Name G.S. OF ORLANDO, INC.			
Principal Place of Business 8001 S. ORANGE BLOSSOM TRAIL #552 ORLANDO, FL 32809		Mailing Address 8001 S. ORANGE BLOSSOM TRAIL #552 ORLANDO, FL 32809	
DO NOT WRITE IN THIS SPACE		 04282004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3005041		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORE, STACY 8001 S. ORANGE BLOSSOM TRAIL #552 ORLANDO, FL 32809		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		U000000144556 04/30/04-80137-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARDAWAY, KYP 1300 METROPOLITAN OKLAHOMA CITY, OK	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COUNTS, JACK E., JR. 1300 METROPOLITAN AVE OKLAHOMA CITY, OK		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHILTON, MICHELLE S 1300 METROPOLITAN OKLAHOMA CITY, OK		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Michelle S. Chilton</u> <u>4/28/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			