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Jun 24, 2005 8:00 am
Secretary of State
05-04-2005 90164 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L74959

1. Entity Name
G.S. OF ORLANDO, INC.

Principal Place of Business	Mailing Address
8001 S. ORANGE BLOSSOM TRAIL ~~#552~~ 522 ORLANDO, FL 32809	~~8001 S. ORANGE BLOSSOM TRAIL~~ ~~#552~~ 1300 Metropolitan ~~ORLANDO, FL 32809~~ OKC, OK 73108

66023721

04282005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3005041
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~FORE, STACY~~ Robert NUCCIO
~~8001 S. ORANGE BLOSSOM TRAIL~~ 9290 Dundee Dr.
~~#552~~
~~ORLANDO, FL 32809~~ Lake Worth, FL
33467

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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 Michelle Chilton
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	T
NAME	HARDAWAY, KYP
STREET ADDRESS	1300 METROPOLITAN
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	D
NAME	COUNTS, JACK E., JR.
STREET ADDRESS	1300 METROPOLITAN AVE
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	VP
NAME	CHILTON, MICHELLE S
STREET ADDRESS	1300 METROPOLIAN
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	
NAME	Brian Jones P
STREET ADDRESS	21001 Networlk Blvd Ste 407
CITY-ST-ZIP	Frisco TX 75034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michelle Chilton 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #