


# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L74959 1. Entity Name G.S. OF ORLANDO, INC.	
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Principal Place of Business 8001 S. ORANGE BLOSSOM TRAIL #522 ORLANDO, FL 32809	Mailing Address 1300 METROPOLITAN OKLAHOMA CITY, OK 73108
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04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3005041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NUCCIO, ROBERT 9290 DUNDEE DR LAKE WORTH, FL 33467
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**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARDAWAY, KYP 1300 METROPOLITAN OKLAHOMA CITY, OK
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	P ONEAL, JAMES P 2601 NETWORK BLVD, STE 407 FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000544907  
05/11/06-80054-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 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 4/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #