

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L75473

1. Entity Name
ORLANDO FLAG CENTER, INC.



Principal Place of Business
**715 E COLONIAL DR
ORLANDO, FL 32803**

Mailing Address
**715 E COLONIAL DR
ORLANDO, FL 32803**



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3028610

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALONSO, CHERYL
18 E STEELE ST
ORLANDO, FL 32804**

**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**

**U00000548157
05/12/06-80052-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALONSO, CHERYL A 18 E STEELE ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALONSO, CHERYL A 18 E STEELE ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYCE, DOLLY J 307 ORLANDO AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYCE, DOLLY J 307 ORLANDO AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl A. Alonso
CHERYL A. ALONSO

Date

Daytime Phone #

4-27-06 407-8984