


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L75473 1. Entity Name ORLANDO FLAG CENTER, INC.	
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Principal Place of Business 715 E COLONIAL DR ORLANDO, FL 32803	Mailing Address 715 E COLONIAL DR ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3028610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALONSO, CHERYL 18 E STEELE ST ORLANDO, FL 32804
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

<p>000000655348 03/13/07-80103-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	3/1/07	407-898-6718
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>