

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90036 038 ***150.00

DOCUMENT # L90449	
1. Entity Name FORMAL PENGUIN OF EAST ORLANDO, INC.	



Principal Place of Business 697 NORTH SEMORAN BLVD ORLANDO, FL 32807	Mailing Address
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40005757



2. Principal Place of Business		3. Mailing Address 697 N. Semoran Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. UNIT D	
City & State		City & State ORLANDO, FL	
Zip 32807	Country	Zip 32807	Country ORANGE

01072005 Chg-P CR2E034 (10/03)

6- Name and Address of Current Registered Agent GUERNSEY, PAT 1103 WINGED FT. CIR. WEST P.O. BOX 195549 WINTER SPRINGS, FL 32708	
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4. FEI Number 59-3027348	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIBA, GEORGE	NAME	
STREET ADDRESS	P.O. BOX 570965	STREET ADDRESS	297 SEMORAN BLVD, UNIT D
CITY-ST-ZIP	ORLANDO, FL 32857	CITY-ST-ZIP	Orlando, FL 32807
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.	
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SIGNATURE: [Signature]	Date: 1/8/05	Daytime Phone #
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