

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90722 002 \*\*\*150.00

**DOCUMENT # L90958**

1. Entity Name  
ORLANDO THREE, INC.



Principal Place of Business

5145 CITY STREET  
ORLANDO, FL 32839

Mailing Address

5145 CITY STREET  
ORLANDO, FL 32839

94057099

2. Principal Place of Business

3. Mailing Address

319 N MAGNOLIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO FL

4. FEI Number

59-3022330

Applied For

Not Applicable

Zip

Country

Zip

32801

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLATER, JOEL K  
5145 CITY STREET  
ORLANDO, FL 32801

Name JEANNIE L. SKELLEY

Street Address (P.O. Box Number is Not Acceptable)

319 N MAGNOLIA AVE

City ORLANDO

FL

Zip Code 32801

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)

4/15/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTON, HENRY	
STREET ADDRESS	1090 DON MILLS RD	
CITY-ST-ZIP	TORONTO, ON	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	SLATER, JOEL	
STREET ADDRESS	86 AVENUE RD	
CITY-ST-ZIP	TORONTO, ON	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MORTON, PAUL	
STREET ADDRESS	1090 DON MILLS RD	
CITY-ST-ZIP	DON MILLS ONT, CANADA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL K SLATER

Date

Daytime Phone #

4/15/04 907-902-2502