


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 022 ***150.00

DOCUMENT # M83024 1. Entity Name ONE STOP TRAVEL CENTERS OF ORLANDO, INCORPORATED					
Principal Place of Business 6881 KINGPOINTE PKWY 9 BLDG 2 ORLANDO, FL 32819			Mailing Address 6881 KINGPOINTE PKWY 9 BLDG 2 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 7075 KINGSPONTE PARKWAY		3. Mailing Address 7075 KINGSPONTE PARKWAY			
Suite, Apt. #, etc. #9		Suite, Apt. #, etc. #9		04272007 Chg-P CR2E034 (12/06)	
City & State ORLANDO, FL 32819		City & State ORLANDO, FL		4. FEI Number 59-2890231	
Zip 32819		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32819		Country 32819		6. Name and Address of Current Registered Agent	
MARIN, VICKI 6881 KINGSPONTE PKWY 9 BLDG 2 ORLANDO, FL 32819				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARTIN, VICKI 6881 KINGSPONTE PKWY 9 BLDG 2 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTIN, VICKI 6881 KINGSPONTE PKWY 9 BLDG 2 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTIN, VICKI 6881 KINGSPONTE PKWY 9 BLDG 2 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
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: VICKI MARTIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/07 407-425-5513 Date Daytime Phone #		

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