

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005910</b>	
1. Entity Name ORLANDO WILDCATS, INC.	
Principal Place of Business 1640 LEE ROAD WINTER PARK, FL 32789	Mailing Address 1640 LEE ROAD WINTER PARK, FL 32789



02082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1453475	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**

MARTINEZ, HECTOR L CPA  
1640 LEE ROAD  
WINTER PARK, FL 32789

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PREESCHL, MARK 3121 CAMBRIA CT. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, JAMES E 3121 CAMBRIA CT. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, PATRICK M 3121 CAMBRIA CT. ORLANDO, FL 32825
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02/14/05-80053-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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

MARK A. PREESCHL

Date

2-11-5

Daytime Phone #

407 246 2982