

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005133

FILED
Jan 17, 2009
Secretary of State

Entity Name: ORLANDO BRASS WORKS, INC.

Current Principal Place of Business:

701 SAXBY AVENUE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

701 SAXBY AVENUE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-2810937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PESHEK, DEBRA
701 SAXBY AVENUE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCAFEE, DONALD
Address: 1544 ELF STONE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DVS () Delete
Name: ROBERTSON, GAIL
Address: 6772 GOLDENEYE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: DT () Delete
Name: PESHEK, DEBRA
Address: 701 SAXBY AVENUE
City-St-Zip: ORLANDO, FL 32835

Title: DBM () Delete
Name: PESHEK, CHARLES
Address: 701 SAXBY AVENUE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TUCKER, ROBERT
Address: 4 DELAWARE STREET
City-St-Zip: OCOEE, FL 34761

Title: DVS (X) Change () Addition
Name: MCAFEE, DONALD
Address: 1544 ELF STONE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA PESHEK

DT

01/17/2009

Electronic Signature of Signing Officer or Director

Date