

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90020 017 \*\*\*\*70.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N39067</b><br>1. Entity Name<br><b>OLD TOWN MERCHANTS, INCORPORATED</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>5770 W IRLO BRONSON<br/>SUITE 324<br/>KISSIMMEE, FL 34746 US</b>   |   |  | Mailing Address<br><b>5770 W IRLO BRONSON<br/>SUITE 324<br/>KISSIMMEE, FL 34746 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  |   |  |
| 4. FEI Number<br><b>59-3041454</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>SUTTON, BYRON<br/>201 S. ORANGE AVENUE<br/>SUITE 7070<br/>ORLANDO, FL 32801</b>   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| Make check payable to Florida Department of State  |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MAL<br/>DENNAOUI, GEORGE<br/>10045 CRYSTALLING COURT<br/>ORLANDO, FL 32836</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>BROWN, VIC<br/>5770 W IR 10 BRONSON HWY<br/>KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MAL<br/>PETERSON, BOB<br/>5770 W IR 10 BRONSON HWY<br/>KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>LANCE, BOBBY<br/>3401 TRENTWOOD BLVD<br/>ORLANDO, FL 32812</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD<br/>HILL, CHERYL<br/>2416 WINDING RIDGE AVE<br/>KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>SUTTON, BYRON<br/>201 S. ORANGE AVENUE, #7070<br/>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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 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. |   |  |  |   |  |
| <b>SIGNATURE:</b>   |   | 5/1/07 4078766701<br><small>Date Daytime Phone #</small>                         |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |  |   |  |

# ATTACHMENT

40109929

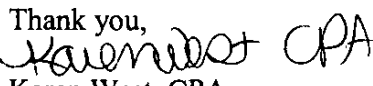
# N39067

State of Florida  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear sirs,

Please accept this \$70.00 renewal for our non profit organization. No prior notices were received. The area is a large mall area with many merchants and our prior renewal notice must have been given to one of the other merchants.

Thank you for your understanding and please contact us if you need any additional information.

Thank you,  
 CPA  
Karen West, CPA  
Old Town Merchants Inc.  
N39067