

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39067

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** OLD TOWN MERCHANTS, INCORPORATED

**Current Principal Place of Business:**

5770 W IRLO BRONSON HWY  
SUITE 324  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

5770 W IRLO BRONSON HWY  
SUITE 324  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

**FEI Number:** 59-3041454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANCE, BOBBY  
5770 W IRLO BRONSON HWY  
SUITE 324  
KISSIMMEE, FL 34746 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:** MAL  
**Name:** NADDEO, LARRY  
**Address:** 5770 W. IRLO BRONSON HWY #324  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** TD  
**Name:** CUNNINGHAM, DAVE  
**Address:** 5770 W IRLO BRONSON HWY #324  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** MAL  
**Name:** HERR, GARY  
**Address:** 5770 W IRLO BRONSON HWY #324  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** VP  
**Name:** THOMPSON, CHARLOTTE  
**Address:** 5770 W IRLO BRONSON HWY #324  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** SD  
**Name:** HILL, CHERYL  
**Address:** 5770 W IRLO BRONSON HWY #324  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** P  
**Name:** LANCE, BOBBY  
**Address:** 5770 W IRLO BRONSON HWY #324  
**City-St-Zip:** KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

**SIGNATURE:** DAVE CUNNINGHAM

TD

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date