2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000016852

1. Entity Name
ABB CORPORATION OF ORLANDO INC.

Principal Place of Business	Mailing Address
7814 KINGSPOINTE PKWY ORLANDO, FL 32835	1270 ORANGE AVE. SUITE D WINTER PARK, FL 32790

DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3623769

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, WILLIAM C
1462 CHURCHILL CIRCLE
T-104
NAPLES, FL 34116

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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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, WILLIAM C
STREET ADDRESS	1462 CHURCHILL CIRCLE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	PRES
NAME	MITCHELL, WILLIAM C
STREET ADDRESS	1462 CHURCHILL CIRCLE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	SEC
NAME	MITCHELL, WILLIAM C
STREET ADDRESS	1462 CHURCHILL CIRCLE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	TREA
NAME	MITCHELL, WILLIAM C
STREET ADDRESS	1462 CHURCHILL CIRCLE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: William C. Mitchell 3-28-05 239-643-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #