

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90112 013 ***150.00

DOCUMENT # P00000080751

1. Entity Name
SORRENTO HILLS, INC.



Principal Place of Business
**635 N. RIO GRANDE AVE
ORLANDO, FL 32805**

Mailing Address
**635 N. RIO GRANDE AVE
ORLANDO, FL 32805**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3671126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KITTREDGE, POLLYANNA
635 N. RIO GRANDE AVE.
ORLANDO, FL 32805**

Name — **Cay Dee Kittredge**

Street Address (P.O. Box Number is Not Acceptable)
635 N. Rio Grande Ave.

City **Orlando**

FL

Zip Code
32805

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]
Signature, typed or printed name of registered agent and title if applicable

Cay Dee Kittredge, President/Director

3/8/06

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☒ Delete
NAME **KITTREDGE, POLLYANNA**
STREET ADDRESS **635 N. RIO GRANDE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KITTREDGE, CAY DEE**
STREET ADDRESS **635 N. RIO GRANDE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **DP** ☒ Change ☐ Addition
NAME **Kittredge, Cay Dee**
STREET ADDRESS **635 N. Rio Grande Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **AS** ☐ Delete
NAME **ANDREWS, THERESA K**
STREET ADDRESS **635 N. RIO GRANDE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **ST** ☒ Change ☐ Addition
NAME **Andrews, Theresa K.**
STREET ADDRESS **635 N. Rio Grande Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or of an attachment with an address, with all other like empowered.

Cay Dee Kittredge

3/8/06

407 843-0124

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #