## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

AIIII OILI						Secretary of State				
DOCUMENT # P0000096047  1. Entity Name ORLANDO PROPERTY GROUP, INC.						04-28-2004 90239 031 ***150.00				
Principal Place of Business Mailing Address					1		~ ~ ,	,		
505 WEKIVA SPRINGS RD.  SUITE 800 LONGWOOD, FL 32779  SOS WEKIVA SPRINGS RD.  SUITE 800 LONGWOOD, FL 32779  LONGWOOD, FL 32779						FBIH FBIN BBIN BBIN <b>9</b> 8		Tir <b>18</b> 111 <b>1</b> 1116 3 <b>18</b>		
2. Principal Place of Business 320 W. Sabal Palm Place		3. Mailing Address 320 W. Sabal Palm Place								
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		04262004	Chg-P	CR2E0	34 (10/03)	b		
City & State		City & State		4. FEI Numbe			·	plied For		
Longwood, FL		Longwood, FL		<u>59-3676810</u>		6810			Applicable	
Zip <b>32779</b>	Country	Zip 32779	Country <b>Seminole</b>		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New	Registered .	Agent		
Nan					Philip F. Keidaish, Jr.					
KEIDAISH, PHILIP F JR 505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD, FL 32779			Street Address (P.O. Box Number is Not Accepta			er is Not Acceptab	able) <b>#300</b>			
LONGWOOD, 1 E 32119										
				City Longwood			FL Zip Code 32779			
8. The above named entity submittath systatement 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 Y/26/04										
Signature, typed or printed 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, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.0  Trust Fund Contribution.										
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D KEIDAISH, PHILIP F JR 505 WEKIVA SPRINGS RD. SUIT LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 320		lip F. Jr. Palm Place 32779	<b>#</b> 300	<b>X</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, ROD 505 WEKIVA SPRINGS RD. SUIT LONGWOOD, FL 32779	□ Delete E 800	TITLE NAME STREET ADDRES CITY-ST-ZIP	S 320	rison, Rod W. Sabal ngwood, FL	Palm Place	<b>#</b> 100	▲ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	☐ Addition	

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 action of the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/04 407 682.7711

Daytime Phone #