## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 17, 2007 8:00 am

DOCUMENT # P01000088343  1. Entity Name APPLIED BUILDING DEVELOPMENT OF ORLANDO-B.L., INC.				Secretary of State 05-17-2007 90040 004 ***158.75
, .	CE OF Business  CEPLANADE 7380 W. SAND L  FL <del>22830</del> READ, STF. H  32819	Mailing Address  #K6 9000 THE ESPLANADI ORLANDO FL 92836 328	ROAD S	TE.420
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & Stat	le	City & State		4. FEI Number 59-3743294 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	_	7. Name and Address of New Registered Agent
- <del>-800</del>	LANDO FL <del>32830</del> -	80 W. SAND LAKE	Name Street Add Street Add	dress (P.O. Box Number is Not Acceptable)
	32819	,	071	
	<u> </u>		City	FL Zip Code
8. The above the obligat	<ul> <li>named entity submits this statement famous of registered agent.</li> </ul>	or the purpose of changing its	registered office or r	egistered agent, or both, in the State of Florida.   am familiar with, and accept
SIGNATURE .	Signature, typed or printed rieme of registered agen	it and title if applicable. (NOTE	: Fregistered Agent signature	required when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	- <del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	KOHN, DAVID 8000 THE ESPLANADE ORLANDO FL 32836	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7380 W. SAND LAKE ROBB STE. 420 OKLANDO FL 32819
NAME STREET ADDRESS CITY-ST-ZIP	D GUERON, DAN 8000 THE ESPLANADE ORLANDO FL 32836	☐ Delete	HILE NAME STRLET ADORESS ' CITY-ST-ZIP	7380 W. SAND LAKE ROAD, STE, 420 OPLANDO FL 32819
NAME STREET ADDRESS CITY-ST-ZIP		□ Dotcle	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DILE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition
IITLE NAME SIREEI ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		☐ Delete	NAME SIREET ADDRESS	Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.

SIGNALURE:			Z	
	SIGNATURE AND TYPED OR PRINTED	ŕ	ř	E OF SIGNING OFFICER OR DIREC

SAVIS KOH 3 5/1/07 (407) 370-6400

Date Dayting Phone #