

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120028

FILED
Mar 02, 2005
Secretary of State

Entity Name: TRUESDELL OF ORLANDO, INC.

Current Principal Place of Business:

212 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

5143 DARDEN AVE
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 80-0007182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUESDELL, JOANNE
5143 DARDEN AVE
ORLANDO, FL 32812 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: TRUESDELL, JOANNE
Address: 5143 DARDEN AVENUE
City-St-Zip: ORLANDO, FL 32812 US

Title: MGR () Delete
Name: PEACOCK, TODD E MGR
Address: 5143 DARDEN AVENUE
City-St-Zip: ORLANDO, FL 32812 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TRUESDELL, DAVID R
Address: 5143 DARDEN AVE
City-St-Zip: ORLANDO, FL 32812 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE TRUESDELL

DPT

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date