## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000120028

Entity Name: TRUESDELL OF ORLANDO, INC.

FILED Mar 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

212 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

5143 DARDEN AVE ORLANDO, FL 32812 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUESDELL, JOANNE C PRES
5143 DARDEN AVE
5143 DARDEN AVE
5143 DARDEN AVE
ORLANDO, FL 32812 US

TRUESDELL, JOANNE C V.PRES
5143 DARDEN AVE
ORLANDO, FL 32812 US

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: JOANNE C TRUESDELL 03/06/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PADGETT, BONNIE T PRES Name: TRUESDELL, JOANNE C Name: 5143 DARDEN AVENUE 24901 CARSON LN Address: Address: City-St-Zip: ORLANDO, FL 32812 US City-St-Zip: ASTATULA, FL 34705 US

Title: Title: VΡ (X) Change ( ) Addition MGR ( ) Delete Name: VINSON, GWENDOLYN MGR Name: TRUESDELL, JOANNE C VP 212 S ORANGE BLOSSOM TRAIL 5143 DARDEN AVE Address: Address: ORLANDO, FL 32805 US City-St-Zip: ORLANDO, FL 32812 US City-St-Zip:

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TRUESDELL, DAVID R
 Name:

 Address:
 5143 DARDEN AVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32812 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BONNIE T. PADGETT PRES 03/06/2008