

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 DEC -9 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079909 1. Entity Name ORLANDO HOMES, INC.			
Principal Place of Business 12176 S APOPKA VINELAND RD 178 ORLANDO, FL 32836		Mailing Address PO BOX 61434 STATEN ISLAND, NY 10306	
2. Principal Place of Business 12178 S. Apopka Vineland Rd. Suite, Apt. #, etc. Suite 178 City & State Orlando, FL Zip 32836 Country		3. Mailing Address 12179 S. Apopka Vineland Rd. Suite, Apt. #, etc. Suite 178 City & State Orlando, Florida Zip 32836 Country	
4. FEI Number 13-4205324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DSARONNO, RAQUEL 12179 S. APOPKA-VINELAND ROAD SUITE 178 ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name D. Orlando Street Address (P.O. Box Number is Not Acceptable) 12179 S. Apopka-Vineland Rd. Suite 178 City Orlando FL Zip Code 32836	
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 <u><i>D. Orlando</i></u> DATE <u>12/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DSARONNO, RAQUEL STREET ADDRESS 170 FREEBORN ST. CITY-ST-ZIP STATEN ISLAND, NY 10306	<input checked="" type="checkbox"/> Delete	TITLE D NAME D. Orlando STREET ADDRESS 12179 S. Apopka-Vineland Rd. CITY-ST-ZIP Suite 178, Orlando, FL 32836	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.			
SIGNATURE: <u><i>D. Orlando</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>12/7/04</u> Daytime Phone #	