


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000101078</b> 1. Entity Name <b>B &amp; S INVESTMENTS OF ORLANDO, INC.</b>	
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Principal Place of Business <b>529 VERSAILLES DRIVE SUITE 200 MAITLAND, FL 32751</b>	Mailing Address <b>529 VERSAILLES DRIVE SUITE 200 MAITLAND, FL 32751</b>
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02072005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>74-3061959</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SINGLETON, RALPH  
529 VERSAILLES DRIVE SUITE 200  
MAITLAND, FL 32751**

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IN THIS SPACE**

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>SINGLETON, RALPH</b>
NAME	
STREET ADDRESS	<b>529 VERSAILLES DRIVE SUITE 200</b>
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>
TITLE <b>D</b>	<b>BRADICK, RAYMOND</b>
NAME	
STREET ADDRESS	<b>529 VERSAILLES DRIVE SUITE 200</b>
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Ralph Singleton* **Ralph Singleton**    2/9/05 **407-644-5311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #