

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 29, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90002 022 \*\*\*150.00  
09-29-2004 90001 040 \*\*\*400.00

**DOCUMENT # P03000007356**



1. Entity Name  
**ORLANDO DEVELOPMENT ENTERPRISES, INC.**

Principal Place of Business  
**6239 EDGEWATER DR. BLDG V  
ORLANDO, FL 32810**

Mailing Address  
**6239 EDGEWATER DR, BLDG V  
ORLANDO, FL 32810**

**54073565**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 608003**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08312004

Chg-P

CR2E034 (10/03)

City & State

City & State  
**Orlando FL**

4. FEI Number

**56-2308286**

Applied For

Not Applicable

Zip

Country

Zip

**32860-8003**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNARY, WILLIAM R  
6239 EDGEWATER DR  
SUITE V-1  
ORLANDO, FL 32810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME AAGAARD, DAVID E  
STREET ADDRESS 6735 NIGHTWIND CIR  
CITY-ST-ZIP APOKA, FL 32810

TITLE VSTD ☐ Delete  
NAME MCNARY, WILLIAM R  
STREET ADDRESS 811 ARLINGTON  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

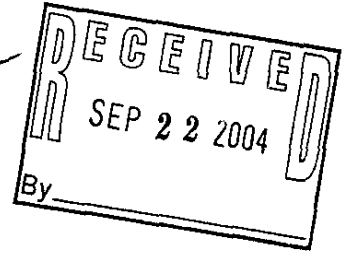
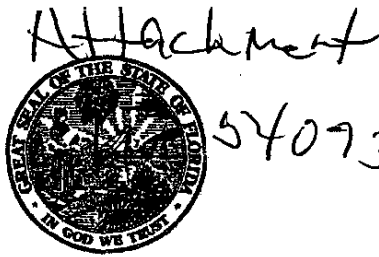
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

**William R. McNary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-1-4**  
Date

**407 296-6885**  
Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 13, 2004

ORLANDO DEVELOPMENT ENTERPRISES, INC.  
P.O. BOX 608003  
ORLANDO, FL 32810

Subject: ORLANDO DEVELOPMENT ENTERPRISES, INC.

Reference Number: P03000007356

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ml

ANNUAL REPORTS SECTION