2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015093

Entity Name: 1ST FOR ORLANDO, INC.

FILED Jun 17, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
CHITTANT Principal Place of Blicipace	NAW Principal Place of Kilsiness:

2205 RONALD REAGAN PARKWAY 1095 JODI RIDGE COURT DAVENPORT, FL 33896 KISSIMMEE, FL 34747

Current Mailing Address: New Mailing Address:

2205 RONALD REAGAN PARKWAY 1095 JODI RIDGE COURT DAVENPORT, FL 33896 KISSIMMEE, FL 34747

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

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

REYNOLDS, DICKEN
2205 RONALD REAGAN PARKWAY
DAVENPORT, FL 33896

REYNOLDS, GINA
1095 JODI RIDGE COURT
KISSIMMEE, FL 34747

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: GINA REYNOLDS 06/17/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:REYNOLDS, GINAName:REYNOLDS, GINAAddress:63 HEATHFIELD GARDENS ROBERTSBRIDGE,Address:1095 JODI RIDGE COURTCity-St-Zip:EAST SUSSEX TN32 5BD,City-St-Zip:KISSIMMEE, FL 34747

 Name:
 REYNOLDS, DICKEN
 Name:

 Address:
 63 HEATHFIELD GARDENS ROBERTSBRIDGE,
 Address:

 City-St-Zip:
 EAST SUSSEX TN32 5BD,
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 WATSON, TERRENCE
 Name:

 Address:
 43 HARBURY AVENUE
 Address:

 City-St-Zip:
 AINSDALE, SOUTHPORT PR8 2TA,
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WATSON, CAROL
 Name:

 Address:
 43 HARBURY AVENUE
 Address:

 City-St-Zip:
 AINSDALE, SOUTHPORT PR8 2TA,
 City-St-Zip:

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: GINA REYNOLDS PD 06/17/2004