

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90016 026 \*\*\*150.00

DOCUMENT # P03000015093

1. Entity Name  
1ST FOR ORLANDO, INC.



Principal Place of Business  
52 RILEY RD #404  
KISSIMMEE, FL 34747

Mailing Address  
20 N. ORANGE AVE STE 600  
ORLANDO, FL 32801

40034867



2. Principal Place of Business - No P.O. Box #

52 RILEY ROAD

Suite, Apt. #, etc.

#404

City & State

CELEBRATION, FL

Zip

34747

Country

3. Mailing Address

9114 HIGHWAY 192

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34714

Country

USA

02012007

Chg-P

CR2E034 (12/06)

4. FEI Number

45-0498718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDRY, STONER, CALANDRINO & BROWN, P.A.  
20 N. ORANGE AVENUE - SUITE 600  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME REYNOLDS, GINA  
STREET ADDRESS 29 NORFOLK RD  
CITY-ST-ZIP KISSIMMEE, FL 34747

☐ Delete

TITLE DVS  
NAME WATSON, TERRENCE  
STREET ADDRESS 2645 STARLAKE VIEW DR  
CITY-ST-ZIP KISSIMMEE, FL 34747

☐ Delete

TITLE D  
NAME WATSON, CAROL  
STREET ADDRESS 2645 STARLAKE VIEW DR  
CITY-ST-ZIP KISSIMMEE, FL 34747

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 29 Norfolk Rd, Tonbridge Kent  
CITY-ST-ZIP United Kingdom TN9 2UL

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓

TERRY WATSON

3/2/07

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #