


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 028 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P03000124111 1. Entity Name ACCIDENTCHECK OF ORLANDO, INC. | | | |  | |
| Principal Place of Business 2011 HARMON AVENUE WINTER PARK, FL 32789 | | | Mailing Address 2011 HARMON AVENUE WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business 277 N TEXAS AVE | | 3. Mailing Address 277 N TEXAS AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | | 4. FEI Number 06-1711572 | |
| Zip 32805 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent UNKEFER, MARTIN M 2011 HARMON AVENUE WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D UNKEFER, MARTIN M 2011 HARMON AVENUE WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT GEORGE M FORMAN 277 N TEXAS AVE ORLANDO, FL 32805 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
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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)(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 addressee with similar-like empowered. | | | | | |
| SIGNATURE: <i>Martin M Unkefer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5/12/04 407-737-6545 <small>Date Daytime Phone #</small> | | |