## 207 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000027304

1. Entity Name CORPORATION COMPANY OF ORLANDO



Principal Place of Business

300 SOUTH ORANGE AVENUE., SUITE 1000 ORLANDO, FL 32801-5403

Mailing Address

P.O. BOX 4956 ORLANDO, FL 32802-4956 FILED

07 MAY -4 AM 11: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01052007

No Chg-P

CR2E034 (11/05)

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4. FEI Number 74-3114680 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HUMPHRIES, GREGORY J 300 SOUTH ORANGE AVENUE., SUITE 1000 ORLANDO, FL 32801-5403

## DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11/1LE PD NAME WILLARD, JAMES G STREET ANDO, F. 32801  11/1LE VPSD NAME JONES, ROD STREET ANDO, F. 32801  11/1LE VPD NAME JONES, ROD STREET ANDO, F. 32801  11/1LE VPD NAME JONES, ROD STREET ANDO, F. 32801  11/1LE VPD NAME JONES, ROD STREET ANDO, F. 32801  11/1LE VPD NAME JONES, ROD STREET ANDO, F. 32801  11/1LE VPD NAME JONES, ROD ORLANDO, F. 32801  11/1LE VPD NAME JONES, ROD ORLANDO, F. 32801  11/1LE VPD NAME SRIET ANDO, F. 32801  11/1LE VPD NAME SRIET ANDO, F. 32801  11/1LE VPD NAME SAVILL, ROBERT A	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.						
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  1ITLE PD  MAKE WILLARD, JAMES G STREET ADDRESS 300 S. ORANGE AVE, SUITE 1000 ORLANDO, FL 32801  TITLE VPSD  MAME HUMPHRIES, GREGORY J STREET ADDRESS 300 S. ORANGE AVE, SUITE 1000 ORLANDO, FL 32801  TITLE VPD  MAME JONES, ROD STREET ADDRESS 300 S. ORANGE AVE, SUITE 1000 ORLANDO, FL 32801  TITLE VP NAME SAVILL, ROBERT A	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
TITLE			<del> </del>				
NAME WILLARD, JAMES G STRET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VPSD NAME HUMPHRIES, GREGORY J STRET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VPD NAME JONES, ROD STRET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VPD NAME JONES, ROD STRET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VP NAME GRINDSTAFF, MICHAEL J STREET ADDRESS STRET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VP NAME GRINDSTAFF, MICHAEL J STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VP NAME SAVILL, ROBERT A	10. OFFICERS AND DIRECTORS						
STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VPSD NAME HUMPHRIES, GREGORY J 300 S. ORANGE AVE, SUITE 1000 ORLANDO, FL 32801  TITLE VPD NAME JONES, ROD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801  TITLE VPD NAME STREET ADDRESS GREGORY J 300 S. ORANGE AVE, SUITE 1000 ORLANDO, FL 32801  DO NOT WRITE IN THIS SPACE  STREET ADDRESS GRINDSTAFF, MICHAEL J STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801  TITLE VP NAME SRINDSTAFF, MICHAEL J STREET ADDRESS ORLANDO, FL 32801  TITLE VP NAME SAVILL, ROBERT A	TITLE	PD					
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CITY-ST-ZIP ORLANDO, FL 32801	CITY-ST-ZIP	ORLANDO, FL 32801					
TITLE	TITLE	**				ļ	

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 chapter 607 or an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS

. Cregory Humphries, Vice Presiden

4/30/07 (407) 335-6940

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Daytime Phone #