

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

04-12-2005 90141 014 ***150.00

DOCUMENT # P04000036764					
1. Entity Name TIMBER SPRINGS OF ORLANDO, INC.					
Principal Place of Business 2281 LEE RD STE 204 WINTER PARK, FL 32789			Mailing Address 2281 LEE RD STE 204 WINTER PARK, FL 32789		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02032005 Chg-P CR2E034 (10/03)	
4. FEI Number 56-2440711				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FULMER, KEN 2281 LEE RD STE 204 WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PIETKIEWICZ, STANLEY T		NAME		
STREET ADDRESS	2281 LEE RD STE 204		STREET ADDRESS		
CITY- ST- ZIP	WINTER PARK, FL 32789		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	AVERY, DELL		NAME		
STREET ADDRESS	2281 LEE RD STE 204		STREET ADDRESS		
CITY- ST- ZIP	WINTER PARK, FL 32789		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FULMER, KEN		NAME		
STREET ADDRESS	2281 LEE RD STE 204		STREET ADDRESS		
CITY- ST- ZIP	WINTER PARK, FL 32789		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: _____			3-8-05 407-645-1465 Date Deletion Phone #		

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