

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 56-2440711	Applied For Not Applied
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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
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 ☐ Add	
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 ☐ Add	
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 ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
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 exemptions contained in Section 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: _____ 2/23/06 407-645-1965