

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90288 015 \*\*\*150.00

**DOCUMENT # P04000075145**

1. Entity Name  
11100 EAST COLONIAL, INC.



Principal Place of Business  
320 W. SABLE PALM DRIVE  
SUITE 300  
LONGWOOD, FL 32779

Mailing Address  
320 W. SABLE PALM DRIVE  
SUITE 300  
LONGWOOD, FL 32779

2. Principal Place of Business  
11100 East Colonial Dr  
Suite, Apt. #, etc.  
Orlando FL  
City & State

3. Mailing Address  
109 Commerce St.  
Suite, Apt. #, etc.  
Lake Mary, FL  
City & State



04272006 Chg-P CR2E034 (11/05)

Zip 32817

Country USA

Zip 32746

Country USA

4. FEI Number  
20-1111575

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KEIDAISH, JR., PHILIP F.  
320 W. SABAL PALM PLACE  
SUITE 300  
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent  
Name Robert G. Dello Russo  
Street Address (P.O. Box Number is Not Acceptable)  
109 Commerce St.  
City Lake Mary FL Zip Code 32746

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)

4/28/06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DELLO RUSSO, ROBERT G	
STREET ADDRESS	320 W. SABLE PALM PLACE SUITE 300	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06  
Date

407-333-2665  
Daytime Phone #