## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am **DOCUMENT # P04000120643** Secretary of State 05-02-2005 90530 032 \*\*\*158.75 ORLÁNDO EVENT PLANNER, INC. Principal Place of Business Mailing Address 1969 SOUTH ALAFAYA TRAIL 1969 SOUTH ALAFAYA TRAIL #201 #201 ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business 3. Mailing Address 11829 SOUTH 14733 Sweet acada Dr OBT Suite, Apt. #, etc. 04302005 Chg-P CR2E034 (10/03) City & State OR LANDO 4. FEI Number 201513517 City & State Applied For FL ORLANDO Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES 🗗 FRANK, JAMES J Street Address (P.O. Box Number is Not Acceptable) 1969 SOUTH ALAFAYA TRAIL Sweet #201 ORLANDO, FL 32828 ORLANDO 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. agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Change TITLE ☐ Delete FRANK, JAMES J NAME NAME 14733 Sweet acacia dr. 1969 SOUTH ALAFAYA TRAIL #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP SC/T ☐ Change Addition TITLE Defete NAME HYLAND, MARGARET M 14733 Sweet acacia dr. STREET ADDRESS 1969 SOUTH ALAFAYA TRAIL #201 STREET ADDRESS ORLANDO, FL 32828 CHY-ST-7R CITY-ST-ZIP Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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: 1

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