


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 001 ***150.00

DOCUMENT # P04000139755	
1. Entity Name ORLANDO CENTRAL SERVICES, INC.	

Principal Place of Business THE RENAISSANCE, SUITE G 1110 WEST IVANHOE BOULEVARD ORLANDO, FL 32804	Mailing Address THE RENAISSANCE, SUITE G 1110 WEST IVANHOE BOULEVARD ORLANDO, FL 32804
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2. Principal Place of Business 1060 MAITLAND CTR COMMONS	3. Mailing Address 1060 MAITLAND CTR COMMONS
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400

City & State MAITLAND FL	City & State MAITLAND FL
Zip 32751	Zip 32751
Country USA	Country USA



07122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1729682		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
7. Name and Address of New Registered Agent 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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, STEPHEN B 1760 BRISTON RD., P.O. BOX 160 WARRINGTON, PA 18976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STURN, GREGORY L 1760 BRISTON RD., P.O. BOX 160 WARRINGTON, PA 18976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Pres.** **7/17/06** **215 343 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #