## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000149068

1. Entity Name

THE ORLANDO CROSSINGS, INC.



FILED Apr 06, 2007 08:00 A Secretary of State

Daytme Phone #

Principal Place of Business

114 BAYTREE COURT WINTER SPRINGS, FL 32708 Mailing Address

114 BAYTREE COURT WINTER SPRINGS, FL 32708



DO NOT WRITE IN THIS SPACE

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2150872 Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, VAN 114 BAYTREE COURT WINTER SPRINGS, FL 32708

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINCIPO NAM

## DO NOT WRITE IN THIS SPACE

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 tate if applicable. (NOTE: Registered Agent signature required when renstating)  DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			· 120 J. · · · M. CONTO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, VAN 114 BAYTREE COURT WINTER SPRINGS, FL 32708	•			
TITLE NAME STREET ADDRESS CITY-S1-ZIP					U00000692558 04/16/07-80004-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. <b>.</b>			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

E OF SIGNING OFFICER OR DIRECTOR