

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000111967

1. Entity Name

TEN BROECK ORLANDO, INC.



Principal Place of Business

603 MAIN STREET
WINDERMERE, FL 34786

Mailing Address

POB 1100
WINDERMERE, FL 34786-1100



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3398344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE, FL 34786

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000939348
05/28/08-80024-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCAS
DIZNEY, DONALD R
603 MAIN STREET
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVC
ENGLISH, JAMES E
603 MAIN STREET
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DIZNEY, DAVID A
603 MAIN STREET
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVPS
BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4.24.08