

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000124052

1. Entity Name

BUFFMASTERS OF ORLANDO, INC



Principal Place of Business

**9785 SW 198 CIRCLE
DUNNELLON FL 34432-4184
US**

Mailing Address

**9785 SW 198 CIRCLE
DUNNELLON FL 34432-4184
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **20-5618484**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPOTTS, WILLIAM E
9785 SW 198 CIRCLE
DUNNELLON FL 34432-4184**

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

WILLIAM E. SPOTTS

William E. Spotts

4-23-08

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when nonstring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PIPER, MIKE**
STREET ADDRESS **1438 SUN MEADOW DR**
CITY-ST-ZIP **ORLANDO FL 32824**

☐ Change ☐ Addition
U00000920198
05/14/08-80034-012 150.00

TITLE **VP** ☐ Delete
NAME **SPOTTS, WILLIAM E**
STREET ADDRESS **9785 SW 198 CIRCLE**
CITY-ST-ZIP **DUNNELLON FL 34432**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William E. Spotts

WILLIAM E. SPOTTS

4-23-08

352-465-6072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #