

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061602

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: ELEGANT WEDDINGS OF ORLANDO, INC.

**Current Principal Place of Business:**

19653 FLORANTINE CIRCLE  
CLERMONT, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 616988  
ORLANDO, FL 32861

**New Mailing Address:**

FEI Number: 26-0225834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RONCHETTI, HELEN  
19653 FLORANTINE CIRCLE  
CLERMONT, FL 34715 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RONCHETTI, HELEN  
Address: PO BOX 616988  
City-St-Zip: ORLANDO, FL 32861 US

Title: VP ( ) Delete  
Name: RONCHETTI, SIMON JOHN  
Address: 19653 FLORANTINE CIRCLE  
City-St-Zip: CLERMONT, FL 34715 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN RONCHETTI

P

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date