


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90019 036 ***150.00

DOCUMENT # P39590					
1. Entity Name RANK ORLANDO II, INC.					
Principal Place of Business 6100 OLD PARK LANE ORLANDO FL 32835			Mailing Address 6100 OLD PARK LANE ORLANDO FL 32835		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2001198	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	DVPT	<input type="checkbox"/> Delete			
NAME	SALTER, MICHAEL				
STREET ADDRESS	6100 OLD PARK LANE				
CITY-ST-ZIP	ORLANDO FL 32835				
TITLE	D	<input type="checkbox"/> Delete			
NAME	DYSON, IAN				
STREET ADDRESS	6 CONNAUGHT				
CITY-ST-ZIP	LONDON, ENGLAND W2 2E				
TITLE	AS	<input checked="" type="checkbox"/> Delete			
NAME	MCNEESE, JACK L				
STREET ADDRESS	5 CONCOURSE PKWY, STE 2400				
CITY-ST-ZIP	ATLANTA GA 30328				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	WOLSZCZAK, JAY				
STREET ADDRESS	6100 OLD PARK AVENUE				
CITY-ST-ZIP	ORLANDO FL 32835				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	ASST. SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	RYAN DONOVAN				
STREET ADDRESS	6100 OLD PARK LANE				
CITY-ST-ZIP	ORLANDO, FL 32835				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/04 4074457625