## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P93000000870**

1. Entity Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO, INC.



FILED \$\frac{1}{2}\$
Apr 07, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

7380 W. SAND LAKE ROAD, STE 420 ORLANDO, FL 32819 US

7380 W. SAND LAKE ROAD, STE 420 ORLANDO, FL 32819 US



02222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0383802 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

KOHN, DAVID 7380 W. SAND LAKE RD. STE 420 ORLANDO, FL 32819

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office	or reg	istered agent, or bo	th, in the State o	f Florida. I am	lamiliar with, a	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	applicable (NOTE Registers	ed Agent sign	aturo re	quired when reinstating)	יחחחונו	)0884 <i>Pi</i> TE		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	-	]	\$5.00 May Be Added to Fees		3-80029-1	JI3 158.	.75
10.	OFFICERS AND DIREC	CTORS				1	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHN, DAVID 7380 W. SAND LAKE ROAD, SUITE 4 ORLANDO, FL 32819	20		•					, n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERON, DAN 1995 BROADWAY, SUITE 1200 NEW YORK, NY 10023								
TITLE NAME STREET ADDRESS CITY-ST-7IP					DO	NOT '	WRITI		e.

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12. Thereby 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 the 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 emportered 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND THE DOR PRIN

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kohn

(2) 370 660

Daytima Phone #