


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90215 036 ***150.00

DOCUMENT # P93000002701
 1. Entity Name
BAY RIDGE DEVELOPMENT OF ORANGE COUNTY, INC.



Principal Place of Business Mailing Address
61 W COLONIAL DRIVE **61 W COLONIAL DRIVE**
ORLANDO, FL US **ORLANDO, FL US**

DO NOT WRITE IN THIS SPACE

40064371



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3160822	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SHOEMAKER, JOHN B
 61 W COLONIAL DRIVE
 ORLANDO, FL 32801

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KODSI, ALBERT 61 W COLONIAL DRIVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKER, JOHN 61 W COLONIAL DRIVE ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  John Shoemaker 3/31/06 (407) 294-7931 x103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #