

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000074653

1. Entity Name
ORLANDO SANFORD INTERNATIONAL, INC.



Principal Place of Business
3200 RED CLEVELAND BLVD
SANFORD, FL 32773 US

Mailing Address
3200 RED CLEVELAND BLVD
SANFORD, FL 32773 US

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0592475	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOULDTHORPE, LARRY
3200 RED CLEVELAND BLVD
SANFORD, FL 32773

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD GOULDTHORPE, LARRY 718 TIMBERWILDE AVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATFC FRITZ, KIMBRA F 3200 RED CLEVELAND BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROBINSON, R KEITH 13619 DORNOCH DRIVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DULL, GREGORY A 11102 STONEBROOK DRIVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOGAN, DAVID 3200 RED CLEVELAND BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ACKLEY, DAVID E 3200 RED CLEVELAND BLVD. SANFORD, FL 32773

U000000844957
03/13/08-80019-025 150.00

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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: *Robert Abby R Keith Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

407-585-4500

Date

Daytime Phone #