


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

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	



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0592475	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$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 \_\_\_\_\_ (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	PD
NAME	GOULDTHORPE, LARRY
STREET ADDRESS	718 TIMBERWILDE AVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	ATFC
NAME	FRITZ, KIMBRA F
STREET ADDRESS	3200 RED CLEVELAND BLVD
CITY-ST-ZIP	SANFORD, FL 32773

TITLE	VSTD
NAME	ROBINSON, R KEITH
STREET ADDRESS	13619 DORNOCH DRIVE
CITY-ST-ZIP	ORLANDO, FL 32828

TITLE	VD
NAME	DULL, GREGORY A
STREET ADDRESS	11102 STONEBROOK DRIVE
CITY-ST-ZIP	SANFORD, FL 32773

TITLE	VPD
NAME	LOGAN, DAVID
STREET ADDRESS	3200 RED CLEVELAND BLVD
CITY-ST-ZIP	SANFORD, FL 32773

TITLE	AS
NAME	ACKLEY, DAVID E
STREET ADDRESS	3200 RED CLEVELAND BLVD.
CITY-ST-ZIP	SANFORD, FL 32773

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03/13/08-80019-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *R Keith Robinson* R Keith Robinson

2/20/08

407-585-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #