

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000092502**

**1. Entity Name**  
**ORLANDO SUN & SKIN CARE, INC.**



**Principal Place of Business**  
**5592 L.B. MCLEOD ROAD**  
**#135**  
**ORLANDO, FL 32811 US**

**Mailing Address**  
**P.O. BOX 1755**  
**WINDERMERE, FL 34786-1755 US**

**DO NOT WRITE IN THIS SPACE**



03092008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**65-0589621**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHIFFHAUER, MICHAEL A**  
**7778 BARDMOOR HILL CR**  
**ORLANDO, FL 32835**

**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 reappointing)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** MICHAEL A. SCHIFFHAUER  
**STREET ADDRESS** 7778 BARDMOOR HILL CR  
**CITY-ST-ZIP** ORLANDO, FL 32835

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UD00000854542  
03/27/08-80012-003 150.00

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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:**

*Michael A. Schiffhauer*  
**MICHAEL A. SCHIFFHAUER**

**3/12/08**

**Date**

**407.241-6411**

**Daytime Phone #**