2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # P95000073188 1. Entity Name STAT SERVICES OF ORLANDO, INC.						05-03-2007	90055 04	6 ***15	50.00
Principal Place	a of Dunings		40.	Inaama					
		Mailing Address							
827 CABOT CT. Winter Park, FL 32792		827 CABOT CT. Winter Park, Fl 32792							
WAVIER FAR	N, IL 32/92	WHITER PARK, FL 32/92							
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-P	CR2E034	1 (12/06)		
				01112001	Oligii	OTELOS	(12/00)		
City & State	e	City & State		4. FEI Numbe			<u> </u>	plied For	
Zie Courte		7:-						t Applicable	
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired			8.75 Add	
6. Name and Address of Current		t Begistered Agent			7 Name and	4-134N B-		e Required	<u> </u>
<u> </u>	o. Name and Address of Curren	Name	/. Name and	Address of New Re	gistered Ag	ent			
HINDLE, S	SUSAN C	1401110							
827 CABOT CT.				Street Address (P.O. Box Number is Not Acceptable)					
WINTER P	PARK, FL 32792								
			City			FL	Zip Code	9	
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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.									
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SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	RECTORS	S IN 11
TITLE	PD	☐ Defete	TITLE					Change	☐ Addition
NAME	HINDLE, SUSAN C		NAM	E					
STREET ADDRESS	827 CABOT CT.			ET ADDRESS					
CITY-S1-ZIP	WINTER PARK, FL 32792		ÇITY	-ST-ZIP					
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CITY-ST-ZIP	<u> </u>		CITY	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				et address -st-zip					
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CITY-ST-ZIP				-ST-ZIP					
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TITLE NAME		☐ Delete	TITLE	1			i	Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
	Pertify that the information supplied with	th this filling does not qualify for			l in Chanter 110	Florida Statutos Li	further cortif	that the	formation
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: