

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

JUL 07 2005 08:00 AM

Secretary of State

DOCUMENT # P97000036147

1. Entity Name
WEB DESIGNERS OF ORLANDO, INC.



Principal Place of Business
12002 DENNISON COURT
ORLANDO, FL 32821

Mailing Address
12002 DENNISON COURT
ORLANDO, FL 32821



07032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3440271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TERENZIO, ROBERT T ESQ.
1917 BOOTHE CIR., STE. 171
LONGWOOD, FL 32750

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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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUTZ, MICHAEL
STREET ADDRESS	12002 DENNISON COURT
CITY - ST - ZIP	ORLANDO, FL 32821
TITLE	TS
NAME	LUTZ, CAROLYN
STREET ADDRESS	12002 DENNISON CT
CITY - ST - ZIP	ORLANDO, FL 32821
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carolyn Lutz **CAROLYN LUTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/02/05

(407) 239-6048