

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90389 023 \*\*\*158.75

**DOCUMENT # P97000041883**

1. Entity Name  
**OLM OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**C/O QUEST COMPANY  
921 DOUGLAS AVENUE, SUITE 200  
ALTAMONTE SPRINGS, FL 34714**

Mailing Address  
**C/O QUEST COMPANY  
921 DOUGLAS AVENUE, SUITE 200  
ALTAMONTE SPRINGS, FL 34714**

40001000



2. Principal Place of Business

**1180 Spring Centre S. Blvd.**

Suite, Apt. #, etc.

**Suite 102**

3. Mailing Address

**1180 Spring Centre S. Blvd.**

Suite, Apt. #, etc.

**Suite 102**

01032006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3461096**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

City & State

**Altamonte Springs, FL**

City & State

**Altamonte Springs, FL**

Zip

**32714**

Country

**U.S.A.**

Zip

**32714**

Country

**U.S.A.**

6. Name and Address of Current Registered Agent

**LAFRENIERE, STPHEN J  
921 DOUGLAS AVE  
STE 700  
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name

**LaFreniere, Stephen J.**

Street Address (P.O. Box Number is Not Acceptable)

**1180 Spring Centre S. Blvd.**

**Suite 102**

City

**Altamonte Springs**

FL

Zip Code

**32714**

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]*

**Stephen J. LaFreniere**

**4/19/06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LAFRENIERE, STEPHEN J</b>	
STREET ADDRESS	<b>921 DOUGLAS AVE STE 700</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LaFreniere, Stephen J.</b>	
STREET ADDRESS	<b>1180 Spring Centre S. Blvd, Ste 102</b>	
CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen J. LaFreniere**

**4/19/06 (407) 786-4001**

Date

Daytime Phone #