

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000080435**

1. Entity Name  
**BEXLEY ORLANDO, INC.**



Principal Place of Business

**2200 LUCIEN WAY  
SUITE 350  
MAITLAND, FL 32751**

Mailing Address

**2200 LUCIEN WAY  
SUITE 350  
MAITLAND, FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3468495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEVELEFF, STEPHAN  
2200 LUCIEN WAY #350  
MAITLAND, FL 32751**

Name

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

City

**FL**

Zip Code

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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D ABALKHAIL, SULAIMAN** ☐ Delete  
**2200 LUCIEN WAY, STE 350**  
**MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
**U000000111069**  
**04/12/04-80107-021 150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D NEVELEFF, STEPHAN** ☐ Delete  
**2200 LUCIEN WAY #350**  
**MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:

*Stephan Neveleff*  
**STEPHAN NEVELEFF**

**3/10/04**

**407 875 9988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #