

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028414

Entity Name: ORLANDO HOLIDAYS, INC.

FILED  
Feb 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2460 SAND LAKE ROAD  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

47107 HIGHWAY 27  
DAVENPORT, FL 33897 US

**Current Mailing Address:**

2460 SAND LAKE ROAD  
ORLANDO, FL 32809 US

**New Mailing Address:**

47107 HIGHWAY 27  
DAVENPORT, FL 33897 US

FEI Number: 59-3500447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORP CENTER THREE AT INTERNATIONAL PLAZA  
4221 BOY SCOUT BLVD., 10TH FL  
TAMPA, FL 336075736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WRIGHT, MALCOLM J  
Address: 2460 SAND LAKE ROAD  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JIMENEZ, OMAR  
Address: 47107 HIGHWAY 27  
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR JIMENEZ

PD

02/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date