

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000057806

1. Entity Name
ORLANDO - ALTAMONTE, INC.



Principal Place of Business
2106 DREW STREET SUITE 103
CLEARWATER, FL 33765

Mailing Address
2106 DREW STREET SUITE 103
CLEARWATER, FL 33765



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3523642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, DEZRA
2106 DREW STREET
SUITE 103
CLEARWATER, FL 33765

**DO NOT WRITE
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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME DRESDEN, GARY
STREET ADDRESS 2106 DREW STREET SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE DPS
NAME RYGIEL, ROBIN L
STREET ADDRESS 2106 DREW STREET SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE DVT
NAME MILLER, MELINDA R
STREET ADDRESS 2106 DREW STREET SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000232340
02/16/05-80070-016 150.00

**DO NOT WRITE
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 aliother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melinda R. Miller MELINDA R. MILLER 1/16/05 727/442-0445