

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000082175

1. Entity Name
ORLANDO'S KEY VACATION, INC.



Principal Place of Business
7802 W IRLO BRONSON HWY
KISSIMMEE, FL 34747

Mailing Address
7802 W IRLO BRONSON HWY
BLDG D STE 2
KISSIMMEE, FL 34747



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3534124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POHL & SHORT, P.A.
280 W. CANTON AVENUE
SUITE 410
WINTER PARK, FL 32789

**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 reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SALAS, CECILIA
5142 CHELWYN CT
ORLANDO, FL 32837

TITLE
NAME
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000000158160
05/07/04-80010-011 158.75

**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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CECILIA SALAS 04/28/04

Date

Daytime Phone #

4079977789