

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90239 018 \*\*\*158.75

DOCUMENT # P98000095870

1. Entity Name  
 H.F.S. ORLANDO, INC.



Principal Place of Business  
 4197 SEABOARD ROAD  
 ORLANDO, FL 32808

Mailing Address  
 500 FAIRWAY DRIVE  
 #101  
 DEERFIELD BEACH, FL 33441



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0874847

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHAMBERLAND, MARC J  
 500 FAIRWAY DRIVE  
 101  
 DEERFIELD BEACH, FL 33441

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CHAMBERLAND, MARC J 500 FAIRWAY DRIVE STE 101 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRLE, KENNETH 500 FAIRWAY DRIVE STE 101 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZZA, FRANK 4197 SEABOARD ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-CFO Jim Anderson 500 Fairway Dr. So. 101 Deerfield Beach FL, 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Barrett James 4197 Seaboard Rd Orlando FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Jim Anderson 4/28/06 954-596-1525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #