## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # P99000077187** 1. Entity Name P & L OF ORLANDO, INCORPORATED Mailing Address Principal Place of Business 1541 W ORANGE BLOSSOM TRAIL 7887 SAINT GILES PLACE APOPKA, FL 32712 ORLANDO, FL 32835 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3602684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHU, MONICA DO NOT WRITE 918 MAPLE FOREST DRIVE ORLANDO, FL 32825 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PHU, MONICA V NAME U00000311035 04/18/05-80028-011 150.00 STREET ADDRESS 918 MAPLE FOREST DRIVE ORLANDO, FL 32835 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receive for 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 life empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IN THIS SPACE

FILED