


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90022 026 \*\*\*150.00

<b>DOCUMENT # P99000077187</b> 1. Entity Name <b>P &amp; L OF ORLANDO, INCORPORATED</b>					
Principal Place of Business <b>1541 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712</b>			Mailing Address <b>1541 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712</b>		
2. Principal Place of Business - No P.O. Box # <b>18862 US Hwy 441</b>		3. Mailing Address <b>18862 US Hwy 441</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Mt Dora</b>		City & State <b>Mt Dora</b>		4. FEI Number <b>59-3602684</b>	
Zip <b>32757</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32757</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAREAU, STEPHEN 1132 E HWY 436 APOPKA, FL 32703</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PHU, PAUL 1541 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18862 US Hwy 441 MT DORA, FL 32757</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>3/13/07</b></span> <span><b>352-383-6119</b></span> </div> <small>Date Daytime Phone #</small>		