2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## May 04, 2006 8:00 am Secretary of State DOCUMENT # S63110 1. Entity Name 05-04-2006 90242 032 \*\*\*150.00 FTC ORLANDO, INC. Principal Place of Business Mailing Address 503 WEST ROBINSON ST. ORLANDO FL 32801 503 WEST ROBINSON ST. ORLANDO FL 32801 3. Mailing Address 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 59-3081700 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ィンム Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMSTRONG, KANDY 503 WEST ROBINSON ST. ORLANDO FL 32801 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ARMSTRONG, KAY NAME NAME STREET ADDRESS 503 W ROBINSON ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition orthony T Foresta NAME FORESTA, ANTHONY J. NAME 324 de soto Con. STREET ADDRESS 503 W ROBINSON ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Detete TITLE Charine Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED