

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # S95453	
1. Entity Name ORLANDO ILLUMINATING, INC.	

Principal Place of Business 223 ALTAMONTE COMM BLVD SUITE 1314 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 223 ALTAMONTE COMM BLVD SUITE 1314 ALTAMONTE SPRINGS, FL 32714 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3094887	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARSHALL, BYRD F., JR.
201 E PINE STREET
SUITE 1200
ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GULLEY, JAMES W. 4512 OLD CARRIAGE TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GULLEY, MARTHA G 4512 OLD CARRIAGE TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James W. Gulley* **JAMES W. GULLEY** **1/4/05** **407-862-2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #