

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11886

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: ORLANDO RESORT GROUP CORPORATION

**Current Principal Place of Business:**

2650 HOLIDAY TRAIL  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 470442  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 59-3105480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DYKXHOORN, JACOB C.  
130 E. CENTRAL AVENUE  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ASHDOWN, BLAKE E.,  
Address: 601 GOLF PARK  
City-St-Zip: KISSIMMEE, FL 34747

Title: PD ( ) Delete  
Name: IMESON, DAVID S.,  
Address: 218 CEDAR WOODS WAY  
City-St-Zip: CANTON, GA 30114

Title: VD ( ) Delete  
Name: BUCHANAN, ROGER,  
Address: 802 ROSA STREET  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. IMESON

PD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date