

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31408

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: ORLANDO FINANCIAL CORPORATION

**Current Principal Place of Business:**

C/O ROSE & KUPFERMAN  
1701 SHALL CROSS AVENUE, STE D  
WILMINGTON, DE 19806 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS DE EMEDIO  
4185 KIRKWOOD-ST GEORGE RD  
BEAR, DE 19701

**New Mailing Address:**

FEI Number: 51-0313489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MIDDLETON, HARLOW C  
28334 CHURCHILL SMITH LANE  
MOUNT DORA, FL 32757 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: PD ( ) Delete  
Name: MAZIK, KENNETH M.,  
Address: 28334 CHURCHILL SMITH LANE  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S ( ) Delete  
Name: DEEMEDIO, TOM,  
Address: 4185 KIRKWOOD ST GEORGE  
City-St-Zip: BEAR, DE 19701 US

Title: V ( ) Delete  
Name: BROWN, DONNA,  
Address: 28334 CHURCHILL SMITH LANE  
City-St-Zip: MT DORA, FL 32757 US

**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 exemption stated 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 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: MARGIE LANDRY

SEC

04/11/2008

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

\_\_\_\_\_ Date