


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 496081 1. Entity Name CENTRAL REFRACTORY, INC.	
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Principal Place of Business 2620 KEYSVILLE RD P O DRAWER 777 LITHIA, FL 33547-7777	Mailing Address 2620 KEYSVILLE RD P O DRAWER 777 LITHIA, FL 33547-7777
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1639626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VARNUM, A. H. 11930 WALTER HUNTER RD PO DRAWER 777 LITHIA, FL 33547
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VARNUM, A. H. 11930 WALTER HUNTER RD LITHIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNUM, SCOTT M. 12216 WALTER HUNTER RD> LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARNUM, R C 261 TOM CARR LANE LITHIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, RANDELL L 502 N. FORBES RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BUCHANAN, STANLEY R 411 E HIBISCUS DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARNUM, CONRAD 11940 WALTER HUNTER RD LITHIA, FL

U00000544671
05/11/06-80044-020 150.00

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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.

SIGNATURE: *Stanley R Buchanan* *Stanley R Buchanan* **4/26/06 (813) 737-1446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #