

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                   |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 710027</b><br>1. Entity Name<br><b>CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPORATION, INC.,</b> |  |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                   |                                                                                     |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>118 1ST AVE. N.W.<br/>MULBERRY, FL 33860 US</b> | Mailing Address<br><b>4404 S FLORIDA AVE<br/>SUITE 10<br/>LAKELAND, FL 33813 US</b> |
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02232006 No Chg-NP CR2E037 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1028719</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fees Required              |

|                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MATHIS, JIMMY<br/>1835 OAKWOOD LOOP W<br/>BARTOW, FL 33830</b> |
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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 except, the obligations of registered agent.

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

|                                             |                                                                                                                           |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GROSS, JEFF<br>1150 RICHLAND RD.<br>BARTOW, FL 33830       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MATHIS, JIMMY<br>1835 OAKWOOD LOOP W<br>BARTOW, FL 33830    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1V<br>TINGWALL, BUTCH<br>1710 HIGHLAND BLVD<br>BARTOW, FL 33830  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | R<br>SUMMERLIN, TOMMY<br>350 TANGERINE<br>MULBERRY, FL 33860     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2V<br>SLAUGHTER, JAMES<br>1670 SAILPOINT DR.<br>BARTOW, FL 33830 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRAWFORD, J D<br>206 NE 5TH STREET<br>MULBERRY, FL 33860    |

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jimmy R. Mathis **Jimmy R. Mathis** **2/24/06** **(863) 428-1961**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #