

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90017 018 \*\*\*150.00

<b>DOCUMENT # 311322</b>					
1. Entity Name <b>CENTRAL ENGINEERING AND HOLDING COMPANY OF FLORIDA</b>					
Principal Place of Business <b>695 HWY A1A NORTH - #13 PO BOX 839 PONTE VEDRA BEACH FL 32004-7833</b>		Mailing Address <b>695 HWY A1A NORTH - #13 PO BOX 839 PONTE VEDRA BEACH FL 32004-7833</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1200358</b> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TONDREAU, JOHN F. 695 A1A NORTH-#13 PONTE VEDRA BEACH FL 32082</b>			7. Name and Address of New Registered Agent Name <b>Marjorie Tondreault</b> Street Address (P.O. Box Number is Not Acceptable) <b>695 A1A North - #13</b> <b>Ponte Vedra Beach</b> City <b>FL</b> Zip Code <b>32082</b>		
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 <u>Marjorie Tondreault - p T/D</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TONDREAU MARJORIE 695 A1A NORTH, #13 PONTE VEDRA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD TONDREAU, JOHN F. 695 A1A NORTH - #13 PONTE VEDRA BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dianne Thompson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 Crestmont Dr Pittsburgh PA 15220		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		



1st MOORE CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Marjorie Tondreault - Marjorie Tondreault 5/13/06 904-273-9162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40092933

#311322

**Central Engineering**

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CG C007908

695 A-1-A NORTH - #13 • P.O. BOX 833 • PONTE VEDRA BEACH, FLORIDA 32082

PHONE (904) 273-9162

FAX (904) 285-9338

FEI - 59-1200358

May 13, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

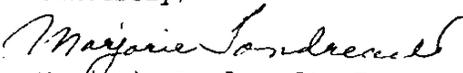
Gentlemen:

Enclosed is our check in the amount of \$150.00.

I am requesting that the \$400.00 penalty charge for late fee be waived. This report was inadvertently filed with papers sent to our accountants, Shaw, Shaw & Shaw, 210 So. 14th Ave., Jacksonville Beach, FL and was overlooked.

Thank you for your attention.

Sincerely,

  
Marjorie Tondreault, Pres.