

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90065 015 \*\*\*\*61.25

**DOCUMENT # 738814**

1. Entity Name

**CENTRAL FLORIDA COMPONENT MANUFACTURERS  
ASSOCIATION, INC.**



Principal Place of Business

1867 OLD TOMOKA RD  
ORMOND BCH FL 32174  
US

Mailing Address

1867 OLD TOMOKA RD  
HOLLY HILL FL 32174  
US

2. Principal Place of Business

**2722 APOPKA BLVD.**

3. Mailing Address

**2722 APOPKA BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**APOPKA, FL**

City & State

**APOPKA, FL**

Zip

**32703**

Country

**US**

Zip

**32703**

Country

**US**

4. FEI Number

**59-1745261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MULLINS, MIKE L  
1867 OLD TOMOKA RD  
ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

Name **WILLIAM M. RANIERI**

Street Address (P.O. Box Number is Not Acceptable)  
**2722 APOPKA BLVD.**

City **APOPKA**

**FL**

Zip Code  
**32703**

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

*William M. Ranieri* For CFCMA, TREASURER

**3/16/2004**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, MIKE L	
STREET ADDRESS	1867 OLD TOMOKA RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DAVID	
STREET ADDRESS	2722 APOPKA BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GNAPP, DON	
STREET ADDRESS	75 W. HOLDEN AVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HALL, ROBERT	
STREET ADDRESS	3409 W PENNINGTON CT	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM M. RANIERI	
STREET ADDRESS	2722 APOPKA BLVD.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUCK STILLWAGON	
STREET ADDRESS	32506 CR473	
CITY-ST-ZIP	LEESBURG, FL 34780	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL HEINE	
STREET ADDRESS	7067 SAMPEY ROAD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON CICCONE	
STREET ADDRESS	2445 WEST AIRPORT BLVD.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *William M. Ranieri* WILLIAM M. RANIERI

**3/16/2004 407-299-1522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #