2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738814

FILED Mar 30, 2005 Secretary of State

Entity Name: CENTRAL FLORIDA COMPONENT MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:			
	PKA BLVD. FL 32703 l	JS		HIGHWAY 50 T, FL 34711	US		
Current Mailing Address:			New Mailir	New Mailing Address:			
	PKA BLVD. FL 32703 l	JS		HIGHWAY 50 T, FL 34711	US		
FEI Number:	: 59-1745261	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of N	ew Registered Agent:		
2722 APÓI	WILLIAM M PKA BLVD. FL 32703 l	JS		VILLIAM M HIGHWAY 50 T, FL 34711	US		
	named entity of Florida	submits this statement for the p	urpose of changing it	s registered of	fice or registered agent, or	both,	
SIGNATU	RE:				03/30/2005		
	Electror	nic Signature of Registered Age	nt		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRE	CTORS	
Title: Name: Address: City-St-Zip:	TD (RANIERI, WILL 2722 APOPKA APOPKA, FL 3	BLVD.	Title: Name: Address: City-St-Zip:	TD (X) RANIERI, WILLI 375 EAST HIGH CLERMONT, FL	WAY 50		
Fitle: Name: Address: City-St-Zip:	PD (STILLWAGON, 32506 CR 473 LEESBURG, FI		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VD (HEINE, BILL 7067 SAMPEY CLERMONT, F		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	SD (X CICCONE, DOI 2445 WEST AI SANFORD, FL	RPORT BLVD.	Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. RANIERI TD 03/30/2005