

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90122 001 \*\*\*300.00

**DOCUMENT # F58842**

1. Entity Name  
**COMPONENT FABRICATORS, INC.**



Principal Place of Business  
**6110 SR 207  
ELKTON, FL 32033 US**

Mailing Address  
**P O BOX 670  
HASTINGS, FL 32145 US**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2145561**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SANDERS, LYNDIA S.  
6110 S.R. 207  
ELKTON, FL 32033**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SANDERS, LYNDIA S.  
STREET ADDRESS 6110 S.R. 207  
CITY-ST-ZIP ELKTON, FL 32145

TITLE VPS  
NAME SANDERS, WM. MARTIN  
STREET ADDRESS 6110 SR 207  
CITY-ST-ZIP ELKTON, FL 32145

TITLE V  
NAME SANDERS, CHARLES  
STREET ADDRESS 201 E. LATTIN ST.  
CITY-ST-ZIP HASTINGS, FL 32145

TITLE V  
NAME SANDERS, MATTHEW  
STREET ADDRESS 201 E. LATTIN ST.  
CITY-ST-ZIP HASTINGS, FL 32145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05 904-471-6606