


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # J19977					
1. Entity Name NATURAL RESOURCES OF CENTRAL FLORIDA, INC.					
Principal Place of Business LAUREL AVENUE P. O. BOX 419 KINGSTON NJ 08528			Mailing Address LAUREL AVENUE P. O. BOX 419 KINGSTON NJ 08528		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2728391 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Barcode		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUGHTON, WILLIAM W 151 NE 95TH ST ANTHONY FL 32617			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
B. 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 _____ DATE _____					
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAVOLA, WILLIAM H.		NAME		
STREET ADDRESS	840 NAVESINK RIVER RD.		STREET ADDRESS		
CITY-ST-ZIP	LOCUST NJ		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSBORNE, STEPHEN		NAME		
STREET ADDRESS	P.O. BOX 419		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON NJ 08528		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONWAY, GEORGE		NAME		
STREET ADDRESS	P.O. BOX 419		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON NJ 08528		CITY-ST-ZIP		
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MOORE CR2E034 (11/03)

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 04/06/04-80027-007 150.00

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: *William H. Stavola* #204 352-629-9715
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #