


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 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
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2728391	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOUGHTON, WILLIAM W
151 NE 95TH ST
ANTHONY, FL 32617

**DO NOT WRITE
IN THIS SPACE**

6. 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 file if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000279064
03/28/05-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STAVOLA, WILLIAM H. 840 NAVESINK RIVER RD. LOCUST, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OSBORNE, STEPHEN P.O. BOX 419 KINGSTON, NJ 08528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CONWAY, GEORGE P.O. BOX 419 KINGSTON, NJ 08528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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 **3-25-05** **352-629-9715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM H. STAVOLA, PRESIDENT