




**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	
DO NOT WRITE IN THIS SPACE			
			
		02182005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2728391		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000278064 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			
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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)(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: 		32525 352-629-9715	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
WILLIAM H. STAVOLA, PRESIDENT			