

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90405 031 ***150.00



DOCUMENT # M34341
 1. Entity Name
CENTRAL FLORIDA FASTENERS & FENCE INC.

Principal Place of Business Mailing Address
 C/O JO A. IRWIN P.O. BOX 621385
 PO BOX 1385 OVIEDO FL 32762
 OVIEDO FL 32765



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2701059** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
IRWIN, JO A.
675 FLORIDA AVE.
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B₂ 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 reinstating)

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | D'ERAMO, JO ANN | |
| STREET ADDRESS | 675 FLORIDA AVE. | |
| CITY-ST-ZIP | OVIEDO FL 32765 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | IRWIN, JOAN I. | |
| STREET ADDRESS | 32581 OKALOOSA TRAIL | |
| CITY-ST-ZIP | SORRENTO FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | IRWIN, JOAN I. | |
| STREET ADDRESS | 32581 OKALOOSA TRAIL | |
| CITY-ST-ZIP | SORRENTO FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Joan I. Irwin VP, S* **JOAN I IRWIN** 4-15-04 **407-366 8118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #