


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State


04-07-2006 90032 045 ***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

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2701059 Applied For
 Not Applicable

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D'ERAMO, JO ANN
STREET ADDRESS	675 FLORIDA AVE.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VP
NAME	IRWIN, JOAN I.
STREET ADDRESS	32581 OKALOOSA TRAIL 351 COYOTE HOLLOW
CITY-ST-ZIP	SORRENTO, FL WAYNESVILLE NC 28785
TITLE	S
NAME	IRWIN, JOAN I.
STREET ADDRESS	32581 OKALOOSA TRAIL 351 COYOTE HOLLOW
CITY-ST-ZIP	SORRENTO, FL WAYNESVILLE NC 28785
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 exemptions contained in Chapter 119, 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 **JOAN I IRWIN** 4-15-06 407-36
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #