

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90099 049 ***150.00



DOCUMENT # M34341

1. Entity Name
CENTRAL FLORIDA FASTENERS & FENCE INC.

Principal Place of Business
**C/O JO A. IRWIN
 PO BOX 1385
 OVIEDO, FL 32765**

Mailing Address
**P.O. BOX 621385
 OVIEDO, FL 32762-1385**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 62-1385
 Suite, Apt. #, etc.

City & State
OVIEDO, FL

Zip
32762-1385 Country
Seminole

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
**D'ERAMO, JOANN
 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

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 _____



02102008 Chg-P CR2E034 (12/06)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD D'ERAMO, JO ANN 675 FLORIDA AVE. OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRWIN, JOAN I. 351 COYOTE HOLLOW WAYNESVILLE, NC 28785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S D'ERAMO, Jo Ann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 675 FLORIDA AVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRWIN, JOAN I. 351 COYOTE HOLLOW WAYNESVILLE, NC 28785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 powers like empowered.

SIGNATURE: *Joann D'ErAMO* **4/18/2008 407-366-8118**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #