


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90054 026 ****70.00

DOCUMENT # N94000001244 1. Entity Name CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.					
Principal Place of Business 2300 VIRGINIA AVE FT PIERCE, FL 34982				Mailing Address 2300 VIRGINIA AVE FT PIERCE, FL 34982	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3231002	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAUM, LARRY				Name	
2300 VIRGINIA AVE				Street Address (P.O. Box Number is Not Acceptable)	
FT PIERCE, FL 34982					
				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 <u>Larry Daum</u> 3/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGENER, PAUL J		NAME	10521 SW Village Center Drive, Ste 201	
STREET ADDRESS	1740 SW ST LUCIE WEST BLVD		STREET ADDRESS	Port St. Lucie, FL 34987	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, VERNON		NAME		
STREET ADDRESS	1600 S US 1		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP	34950	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RUDY		NAME		
STREET ADDRESS	8495 S US 1		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, THOMAS		NAME		
STREET ADDRESS	261 MARINA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, BILL		NAME		
STREET ADDRESS	2530 RAINBOW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/29/05</u> (m) <u>595-5398</u> <small>Daytime Phone #</small>		