

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001244

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.

**Current Principal Place of Business:**

2300 VIRGINIA AVE  
FT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

2300 VIRGINIA AVE  
FT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 59-3231002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAUM, LARRY  
2300 VIRGINIA AVE  
FT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HEGENER, PAUL J  
Address: 10521 SW VILLAGE CENTER DR STE 201  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D ( ) Delete  
Name: SMITH, VERNON  
Address: 1600 S US 1  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: HOWARD, RUDY  
Address: 8495 S US 1  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: C ( ) Delete  
Name: BABCOCK, THOMAS  
Address: 261 MARINA DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete  
Name: WILCOX, BILL  
Address: 2530 RAINBOW DRIVE  
City-St-Zip: FORT PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BABCOCK

C

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date