

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000026414**

**1. Entity Name**  
CENTRAL FLORIDA METAL WORKS, INC.



**Principal Place of Business**  
1216 FREEDOM CT.  
OCFEE, FL 34761

**Mailing Address**  
1216 FREEDOM CT.  
OCFEE, FL 34761



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3633871 ☐ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

RAFFIER, TOM  
1554 NIGHTFALL DRIVE  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

**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** Tom Raffier P.R.S.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**DATE** 1-16-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** RAFFIER, TOM  
**STREET ADDRESS** 1554 NIGHTFALL DR.  
**CITY-ST-ZIP** CLERMONT, FL 347112761

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02/01/06-80037-019 150.00

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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 807, 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:** Tom Raffier P.R.S.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06  
Date

407 947-2190  
Daytime Phone #