


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000020290

1. Entity Name
ASSOCIATED MANUFACTURERS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address

2700 N. ORANGE BLOSSOM TRAIL P.O. BOX 561042
 ORLANDO, FL 32804 ORLANDO, FL 32856

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
 16-1653784 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ANGUS C
 1200 PINE HARBOR POINT CIRCLE
 ORLANDO, FL 32806

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY - ST - ZIP	PSD SMITH, ANGUS C 2700 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SMITH, ANGELA A 2700 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

100000522476
 05/19/06-80032-013 150.00

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: *Angus C Smith* 4/11/06 (407) 876-5277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #