

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000014987

**1. Entity Name
NEW CENTURY COMPONENTS, INC.**



**Principal Place of Business
2460 N COURTENAY PKWY
STE 108
MERRITT ISLAND, FL 32953**

**Mailing Address
2460 N COURTENAY PKWY
STE 108
MERRITT ISLAND, FL 32953**



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
36-4547472** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, MARIA T
230 TIKI DR
MERRITT ISLAND, FL 32953**

**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

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

(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 S
NAME HARRIS, MARIA T
STREET ADDRESS 230 TIKI DR
CITY-ST-ZIP MERRITT ISLAND, FL 32953**

**TITLE P
NAME HARRIS, HARRY C
STREET ADDRESS 230 TIKI DR
CITY-ST-ZIP MERRITT ISLAND, FL 32953**

**TITLE V
NAME EVANS, KENT G
STREET ADDRESS 117 W OSCEOLA LN
CITY-ST-ZIP COCOA BEACH, FL 32931**

**TITLE V
NAME COOKE, JOHN B
STREET ADDRESS 95 FLORIDA BLVD
CITY-ST-ZIP MERRITT ISLAND, FL 32953**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

000000425454
02/18/06-80036-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *John Cooke* **John COOKE, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/06 **321-986-9091**