

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045017

FILED
Apr 20, 2006
Secretary of State

Entity Name: COMPONENT FABRICATORS OF ST JOHNS, INC.

Current Principal Place of Business:

6110 SR 207
ELKTON, FL 32033

New Principal Place of Business:

P O BOX 670
HASTINGS, FL 32145

Current Mailing Address:

P.O. BOX 670
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 20-0843450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WM. MARTIN
6110 SR 207
ELKTON, FL 32033 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: HUME, JAMES
Address: P O BOX 670
City-St-Zip: HASTINGS, FL 32145

Title: P () Delete
Name: SANDERS, WM. MARTIN
Address: P O BOX 670
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: HUME, JAMES
Address: P O BOX 670
City-St-Zip: HASTINGS, FL 32145

Title: PTD (X) Change () Addition
Name: SANDERS, WM. MARTIN
Address: P O BOX 670
City-St-Zip: HASTINGS, FL 32145

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M HUME

VP

04/20/2006

Electronic Signature of Signing Officer or Director

Date