

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000109382**

1. Entity Name  
**FIBER PULLERS OF FLORIDA, INC.**



Principal Place of Business  
**1241 S. PARK AVENUE  
WINTER GARDEN, FL 34787**

Mailing Address  
**1241 S. PARK AVENUE  
WINTER GARDEN, FL 34787**



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1652290**

Applied For  
Not Applicable

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

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

**GALVAN, ARMANDO  
1241 S. PARK AVENUE  
WINTER GARDEN, FL 34787**

**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

**UD00000503881  
04/26/06-80049-024 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | P                       |
| NAME           | GALVAN, ARMANDO         |
| STREET ADDRESS | 1241 S. PARK AVENUE     |
| CITY-ST-ZIP    | WINTER GARDEN, FL 34787 |
| TITLE          | VP                      |
| NAME           | GALVAN, MARIA I         |
| STREET ADDRESS | 1241 S. PARK AVENUE     |
| CITY-ST-ZIP    | WINTER GARDEN, FL 34787 |
| TITLE          | S/TR                    |
| NAME           | GALVAN, MARIA I         |
| STREET ADDRESS | 1241 S. PARK AVENUE     |
| CITY-ST-ZIP    | WINTER GARDEN, FL 34787 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**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:

*Armando Galvan*

4/10/06

321-229-9528