

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90159 013 \*\*\*150.00

<b>DOCUMENT # P92000004280</b> 1. Entity Name <b>ARMOR INDUSTRIES, CORP.</b>					
Principal Place of Business <b>6703 PEMBERTON DR</b> <b>SEFFNER, FL 33584 US</b>			Mailing Address <b>6703 PEMBERTON DR</b> <b>SUITE C</b> <b>SEFFNER, FL 33584 US</b>		
2. Principal Place of Business <b>6703 Pemberton View Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>6703 Pemberton View Dr</b> Suite, Apt. #, etc. <b>none</b>			
City & State <b>Seffner FL</b>		City & State <b>Seffner FL</b>		4. FEI Number <b>59-3155262</b>	
Zip <b>33584</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAZIN, ALBERT</b> <b>500 WEST KENNEDY BLVD., STE. 101</b> <b>TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>MORHARD, ALBERT J</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>6703 PEMBERTON VIEW DR.</b>	CITY-ST-ZIP <b>SEFFNER, FL</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VD</b>	NAME <b>ARMINGTON, HAROLD P</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>10108 LINDELAAN</b>	CITY-ST-ZIP <b>TAMPA, FL 33618</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Albert J Morhard</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
<b>Albert J Morhard</b>			<b>3-7-06</b>		
<b>813-240-5903</b>			<b>Daytime Phone #</b>		