

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90060 042 ***150.00

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1. Entity Name
WARRIOR MANUFACTURING, INC.



Principal Place of Business
10960 ORANGE AVENUE
FORT PIERCE, FL

Mailing Address
10960 ORANGE AVENUE
FORT PIERCE, FL



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0672919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YAVORSKY, MICHAEL J
10960 ORANGE AVENUE
FORT PIERCE, FL

**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 D
NAME YAVORSKY, ZOLTAN C
STREET ADDRESS 10960 ORANGE AVENUE
CITY-ST-ZIP FORT PIERCE, FL

TITLE D
NAME YAVORSKY, MICHAEL J
STREET ADDRESS 10960 ORANGE AVENUE
CITY-ST-ZIP FORT PIERCE, FL

TITLE D
NAME YAVORSKY, MARY LYNN
STREET ADDRESS 10960 ORANGE AVENUE
CITY-ST-ZIP FORT PIERCE, FL

TITLE D
NAME YAVORSKY, KRISTINA L
STREET ADDRESS 10960 ORANGE AVENUE
CITY-ST-ZIP FORT PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 registered agent 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:

Michael Yavorsky
MICHAEL YAVORSKY

2-2-06
Date

7724611443
Daytime Phone #