

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90024 021 ***150.00

DOCUMENT # 141959

1. Entity Name
R.W. CALDWELL INC.



Principal Place of Business Mailing Address
5201 GULFPORT BLVD. **5201 GULFPORT BLVD.**
GULFPORT FL 33707 **GULFPORT FL 33707**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

HORNSLETH, POUL
5201 GULFPORT BOULEVARD
GULFPORT FL 33707

4. FEI Number **59-0521896** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

24024000



MOORE CR2E034 (11/03)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CALDWELL, R.W. JR.	
STREET ADDRESS	6614 FLAMINGO WAY S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALDWELL, ADELE	
STREET ADDRESS	6614 FLAMINGO WAY S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HORNSLETH, APRIL CALDWEL	
STREET ADDRESS	2846 SKIMMER PT. DR.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HORNSLETH, POUL, JR	
STREET ADDRESS	2846 SKIMMER PT DR	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **12 MAR 2004** **727 321-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #