


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0521896 Not Applicable

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

6. Name and Address of Current Registered Agent
HORNSLETH, POUL
5201 GULFPORT BOULEVARD
GULFPORT, FL 33707

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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 \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CALDWELL, R.W. JR.
STREET ADDRESS	6614 FLAMINGO WAY S.
CITY-ST-ZIP	GULFPORT, FL
TITLE	TD
NAME	CALDWELL, ADELE
STREET ADDRESS	6614 FLAMINGO WAY S
CITY-ST-ZIP	GULFPORT, FL
TITLE	VSD
NAME	HORNSLETH, APRIL CALDWEL
STREET ADDRESS	2846 SKIMMER PT. DR.
CITY-ST-ZIP	GULFPORT, FL
TITLE	PD
NAME	HORNSLETH, POUL, JR
STREET ADDRESS	2846 SKIMMER PT DR
CITY-ST-ZIP	GULFPORT, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/05-80002-005 550.00

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: Paul Hornsleth 13 July 2005 727 321-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #