


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # 141959**  
 1. Entity Name  
 R.W. CALDWELL INC.



**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

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



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-0521896 Applied For / 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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: 07/10/08-80009-020 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

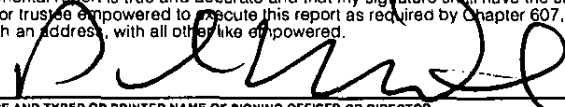
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

**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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_