

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249181

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** C.A.W. OF EVERGLADES, INC.

**Current Principal Place of Business:**

209 N. COLLIER AVE.  
BOX 247  
EVERGLADES, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

209 N. COLLIER AVE.  
BOX 247  
EVERGLADES, FL 34139

**New Mailing Address:**

**FEI Number:** 59-0931880      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBB, JAMES R.  
209 N. COLLIER AVE.  
EVERGLADES, FL 34139      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** THOMPSON, CAROLYN A.  
**Address:** 209 N. COLLIER AVE.  
**City-St-Zip:** EVERGLADES,, FL 34139

**Title:** PD  
**Name:** WEBB, JAMES R  
**Address:** 209 N. COLLIER AVE.  
**City-St-Zip:** EVERGLADES, FL 34139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R. WEBB

PD

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date