2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135757

1. Entity Name CPW OF PINELLAS, INC.



FILED
Apr 28, 2008 08:00 AN
Secretary of State

Principal Place of Business

C/O MARK OVERCASHIER 2049 DIPLOMAT DRIVE CLEARWATER, FL 33764

CITY-ST-ZIP

SIGNATURE:

Mailing Address

C/O MARK OVERCASHIER 2049 DIPLOMAT DRIVE CLEARWATER, FL 33764



D	O NOT WRITE II	04242008 No Chg-P CR2E034 (11/05) 4. FEI Number					
	6. Name and Address of Current Regis	stered Agent			 		
OVERCASHIER, MARK 2049 DIPLOMAT DRIVE CLEARWATER, FL 33764			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and tale		ad office or register		h, in the State of Flo	orida. I am famili DATE	ar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS	I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERCASHIER, MARK 2049 DIPLOMAT DRIVE CLEARWATER, FL 33764				00000 05/16/08	0924037 -80055-0	12 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE Name Street adoress City-St-71P							
TITLE NAME STREET ADDRESS							

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.