


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000072885	
1. Entity Name CWI OF FLORIDA, INC.	
	
Principal Place of Business 110 S.E. 6TH ST. 28TH FL FT. LAUDERDALE, FL 33301	Mailing Address 110 S.E. 6TH ST. 28TH FL FT. LAUDERDALE, FL 33301

U000000324221
05/16/08-80066-001 150.00


DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3405500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUDSON, HARRIS W
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	P
NAME	O'CONNOR, JAMES E
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	S
NAME	BARCLAY, DAVID A
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	T
NAME	LANG, EDWARD A III
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
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:

 **David A. Barclay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/08
Date

954-769-2400
Daytime Phone #