


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S53306**  
 1. Entity Name  
**CWYNAR ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**851 SE 6TH AVENUE**      **851 SE 6TH AVENUE**  
**SUITE 103**      **SUITE 103**  
**DELRAY BEACH, FL 33483 US**      **DELRAY BEACH, FL 33483 US**

**DO NOT WRITE IN THIS SPACE**



04262005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3079354**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CWYNAR, WILLIAM R SR**  
**2701 S W 8TH STREET**  
**BOYNTON BEACH, FL 33435**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CWYNAR, WILLIAM R SR 2701 S W 8TH ST BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CWYNAR, ANN M 2701 SW 8TH ST. BOYNTON BCH, FL
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 04/28/05-80042-003 150.00

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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:** William R. Cwynar, Sr. President      5/26/05      904-921-0265  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #