


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 496361
 1. Entity Name
C.M.W. INVESTMENTS, INC.



Principal Place of Business 505 BEACHLAND BLVD SUITE 1-261 VERO BEACH, FL 32963 US	Mailing Address PMB #261 505 BEACHLAND BLVD VERO BEACH, FL 32963 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1650443	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WELLFORD, JOHN L., JR.
 PMB #264
 505 BEACHLAND BLVD
 VERO BEACH, FL 32963**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	T WELLFORD, JOHN L. JR. 505 BEACHLAND BLVD STE 1-261 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELLFORD, JOHN L. JR. 505 BEACHLAND BLVD STE 1-261 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WELLFORD, MARY A. 505 BEACHLAND BLVD, STE 1-261 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/15/04-80004-020 150.00

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:  **01/07/04** **772-234-1441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN L. WELLFORD, JR TAGASUWA