

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 048 ***150.00

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



2. Principal Place of Business

2970 ST JOHN'S AVE

Suite, Apt. #, etc.

8E

CITY & STATE
JACKSONVILLE FL

Zip
32205

Country
US

3. Mailing Address

PMB #319

Suite, Apt. #, etc.

1650 MARGARET ST STE 302

CITY & STATE
JACKSONVILLE FL

Zip
32204-4378

Country
US

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1650443

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name
JOHN L. WELLFORD, JR.

Suite, Apt. #, etc. (P.O. Box Number is Not Acceptable)

PMB #319

1650 MARGARET ST STE 302

CITY
JACKSONVILLE

FL

Zip Code
32204

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

John L. Wellford, Jr. JOHN L. WELLFORD, JR.

02/06/06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME WELLFORD, JOHN L. JR.
STREET ADDRESS 505 BEACHLAND BLVD STE 1-261
CITY-ST-ZIP VERO BEACH FL 32963

D ☐ Delete
NAME WELLFORD, JOHN L. JR.
STREET ADDRESS 505 BEACHLAND BLVD STE 1-261
CITY-ST-ZIP VERO BEACH FL

PS ☐ Delete
NAME WELLFORD, MARY A.
STREET ADDRESS 505 BEACHLAND BLVD, STE 1-261
CITY-ST-ZIP VERO BEACH FL 32963

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Change ☐ Addition
NAME WELLFORD, JOHN L. JR.
STREET ADDRESS 2970 ST JOHN'S AVE 8E
CITY-ST-ZIP JACKSONVILLE, FL 32205

D ☐ Change ☐ Addition
NAME WELLFORD, JOHN L. JR.
STREET ADDRESS 2970 ST JOHN'S AVE 8E
CITY-ST-ZIP JACKSONVILLE, FL 32205

PS ☐ Change ☐ Addition
NAME WELLFORD, MARY A.
STREET ADDRESS 2970 ST JOHN'S AVE 8E
CITY-ST-ZIP JACKSONVILLE, FL 32205

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John L. Wellford, Jr. JOHN L. WELLFORD, JR.

02/06/06 904-388-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #