


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90050 029 \*\*\*150.00

**DOCUMENT # 496361**

1. Entity Name  
**C.M.W. INVESTMENTS, INC.**



Principal Place of Business <b>2970 ST. JOHN'S AVE          8E          JACKSONVILLE, FL 32205 US</b>	Mailing Address <b>PMB #379          1650 MARGARET ST, SR 302          JACKSONVILLE, FL 32204-4378 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2970 ST JOHN'S AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>APT 8E</b>

City & State <b>JACKSONVILLE, FL</b>	4. FEI Number <b>59-1650443</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32205</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**WELLFORD, JOHN L., JR.  
PMB #379  
1650 MARGARETE ST, STE 302  
JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WELLFORD, JOHN L. JR.	
STREET ADDRESS	2970 ST. JOHN'S AVE, 8E	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLFORD, JOHN L. JR.	
STREET ADDRESS	2970 ST. JOHN'S AVE, 8E	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WELLFORD, MARY A.	
STREET ADDRESS	2970 ST. JOHN'S AVE, 8E	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: John L. Wellford, Jr **JOHN L. WELLFORD, JR** 01/03/07 **01/03/07** 904-388-6911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #