

# 2005-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90027 010 \*\*\*150.00

**DOCUMENT # 501006**

1. Entity Name

C. W. D. I., INC.



Principal Place of Business

P.O. BOX 369  
HERNANDO FL 32642

Mailing Address

P.O. BOX 369  
HERNANDO FL 32642

**50007591**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1308802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

TOWNSEND, RAYMOND J  
11865 W. RIVERHAVEN DR.  
HOMOSASSA FL 34448

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

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, 2005 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

TITLE **P** ☐ Delete  
NAME TOWNSEND, RAYMOND  
STREET ADDRESS 11865 W. RIVERHAVEN DR  
CITY-ST-ZIP HOMOSASSA FL

TITLE **V** ☒ Delete  
NAME RABOLD, CHARLES  
STREET ADDRESS 5899 N SUMMERLAKE POINT  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE **T** ☐ Delete  
NAME MIEDEMA, TRACY  
STREET ADDRESS 3688 S CANADIAN WAY  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE **VP** ☐ Delete  
NAME TOWNSEND, TODD J  
STREET ADDRESS 5852 SQUAW LANE  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE **S** ☐ Delete  
NAME TOWNSEND, LORRAINE  
STREET ADDRESS 11865 W. RIVERHAVEN DRIVE  
CITY-ST-ZIP HOMOSASSA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Raymond J. Townsend* Raymond Townsend 1-25-05 352-726-5454