

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 577950**

1. Entity Name  
CWD INCORPORATED.



Principal Place of Business

4691 LAUREL OAK LANE NE  
ST PETERSBURG, FL 33703 US

Mailing Address

4691 LAUREL OAK LANE NE  
ST. PETERSBURG, FL 33703 US



03162004 No Chg-P CR2E034 (1Q/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1834046**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, WALTER I.  
4691 LAUREL OAK LANE NE  
ST. PETERSBURG, FL 33703

**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

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, 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  
P  
LARSON, WALTER I.  
4691 LAUREL OAK LANE NE  
ST. PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LARSON, DAVID  
4691 LAUREL OAK LANE NE  
ST. PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LARSON, JEFF  
4691 LAUREL OAK LANE NE  
ST. PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U03600103238  
04/09/04-60047-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

3-22-04