

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 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



05242007 No Chg-P CR2E034 (11/05)

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

U00000766950
07/05/07-80004-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-03-07