


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:46**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A05000001687</b>	
1. Entity Name CHUCK CLARY ENTERPRISES OF NWF, LTD.	

Principal Place of Business P.O. BOX 778 SHALIMAR, FL 32579	Mailing Address P.O. BOX 778 SHALIMAR, FL 32579
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



05012006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>20-3392509</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DRIVE 1014 FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CWC CORPORATION	STREET ADDRESS	
NAME	P.O. BOX 778	CITY - ST - ZIP	
STREET ADDRESS	SHALIMAR, FL 32579		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

**000075023540**  
05/22/06--01029--006 \*\*500.00

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Chuck Clary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 1, 2006 850-837-9550  
Date Daytime Phone #

STAPLE CHECK HERE