

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90055 046 ***150.00

DOCUMENT # F00000000011

1. Entity Name
CCW INTERESTS, INC.



Principal Place of Business
PO BOX 3000, PMB 395
EDWARDS, CO 81632-3000

Mailing Address
PO BOX 3000, PMB 395
EDWARDS, CO 81632-3000

600003438



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number *51B*
~~25-1231995~~ *25-1351995* Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	WILMOTH, BARNEY D III
STREET ADDRESS	PO BOX 3000, PMB 395
CITY-ST-ZIP	EDWARDS, CO 816323000
TITLE	VD
NAME	RUDDOCK, DAVID P
STREET ADDRESS	330 SOUTH THIRD STREET
CITY-ST-ZIP	INDIANA, PA 15701
TITLE	STD
NAME	KABLACK, WAYNE A
STREET ADDRESS	834 PHILADELPHIA ST., STE 200
CITY-ST-ZIP	INDIANA, PA 15701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Barney D Wilmoth III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

970-926-4825