

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1351995

Applied For
Not Applicable

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

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

U00000955467
07/17/08-80006-008 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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
PCD
WILMOTH, BARNEY D III
PO BOX 3000, PMB 395
EDWARDS, CO 816323000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RUDDOCK, DAVID P
330 SOUTH THIRD STREET
INDIANA, PA 15701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KABLACK, WAYNE A
834 PHILADELPHIA ST., STE 200
INDIANA, PA 15701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

7/9/08

Date

970-926-4825

Daytime Phone #