2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005098 .

1. Entity Name
CODE W INCORPORATED

Principal Place of Business	Mailing Address
5889 AIRPORT ROAD, #1319	5889 AIRPORT ROAD, #1319
PORT ORANGE, FL 32128	PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

02072005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
16-1629704		Not Applicable

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

6. Name and Address of Current Registered Agent

RIFFLE, PAUL
707 SAMMS AVE., SUITE H&I
PORT ORANGE, FL 32129

— 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: *By T.I T.I PRESIDENT*
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   3/4/05   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RIFFLE, PAUL
STREET ADDRESS	600 JIMMY ANN DRIVE, #2016
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	ST
NAME	RIFFLE, ERIN
STREET ADDRESS	600 JIMMY ANN DRIVE, #2016
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/05-80041-009   158.75

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: *By T.I T.I PRESIDENT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   3863049950   Daytime Phone #