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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90193 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F81727

1. Entity Name
C.L.W. CONCRETE CONSTRUCTION, INC.

Principal Place of Business
~~26825 OUR COURT~~
~~BONITA SPRINGS, FL 34135 US~~
8141 Maritime PKWY
Ft. Myers FL 33912

Mailing Address
~~26825 OUR COURT~~
~~BONITA SPRINGS, FL 34135~~ US

Z4U66139

04232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2375807
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, CURTIS L
27264 GASPARILLA DRIVE
BONITA SPRINGS, FL 34134

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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. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WOLFE, CURTIS JR
STREET ADDRESS	26825 OUR CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	T
NAME	WOLFE, SHEILA
STREET ADDRESS	27264 GASPARILLA DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	ST
NAME	WOLFE, CHERIE
STREET ADDRESS	26825 OUR COURT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
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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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR