# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # H68279

1. Entity Name
E.W.M. INVESTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3055 CARDINAL DRIVE<br>SUITE 106<br>VERO BEACH, FL 32963 US | C/O LORETTA DVORAK<br>BOX 3276<br>VERO BEACH, FL 32964-0276 |

03152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2579598
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J.
3355 OCEAN DRIVE
VERO BEACH, FL 32963

**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 _____ U00000827557
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/14/08-80019-009 150.00

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | DCS |
| NAME | MCCABE, ELEONORA W. |
| STREET ADDRESS | 3055 CARDINAL DR. #106 |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | PT |
| NAME | MCCABE, ROBERT F |
| STREET ADDRESS | 3055 CARDINAL DR #106 |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | |
| NAME | |
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| 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:** Robert F. McCabe 4/1/08 772 231 0373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT F. McCabe Daytime Phone #