

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J53001**

1. Entity Name

C W & D INVESTMENTS, INC.



Principal Place of Business

138 CESSNA DR  
HAWTHORNE FL 32640  
US

Mailing Address

MR. CLAUDE W. PRATT  
5604 WATSON RD  
RIVERVIEW FL 33569  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2777278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCELROY, J. PATRICK  
1499 GULF-TO-BAY BOULEVARD  
SUITE 200  
CLEARWATER FL 34615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
PRATT, CLAUDE W.  
STREET ADDRESS 5604 WATSON RD  
CITY-STATE-ZIP RIVERVIEW FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP  
U00000661223  
03/20/07-80032-002 150.00

TITLE NAME ☐ Delete  
ST PRATT, DOROTHY  
STREET ADDRESS 5604 WATSON RD  
CITY-STATE-ZIP RIVERVIEW FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Dorothy Pratt*  
April 1, 2007 813-6554999

Date

Daytime Phone #