

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21166

Entity Name: C.J.W. & ASSOCIATES, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

14906 WINDING CK CT
STE 105 D
TAMPA, FL 33613 US

Current Mailing Address:

14096 WINDING CR CT
STE 105D
TAMPA, FL 33613 US

New Principal Place of Business:

14906 WINDING CREEK CT
STE 105 D
TAMPA, FL 33613 US

New Mailing Address:

14906 WINDING CREEK CT
STE 105 D
TAMPA, FL 33613 US

FEI Number: 59-2885982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, DAVID E.
14906 WINDING CRK CT
STE 105 D
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

WILLIAMS, DAVID E.
14906 WINDING CREEK CT.
STE 105 D
TAMPA, FL 33613 US

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.

SIGNATURE:

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, CAROLYN J.
Address: 8440 WILDFLOWER DRIVE
City-St-Zip: BROOKSVILLE, FL 34602

Title: STD () Delete
Name: WILLIAMS, DAVID E.
Address: 8440 WILDFLOWER DR
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E WILLIAMS

STD

03/27/2009

Electronic Signature of Signing Officer or Director

Date