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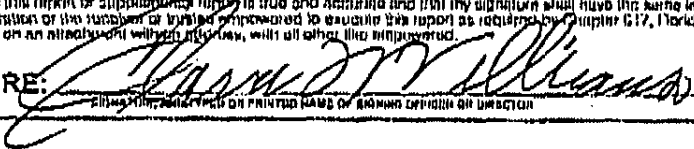
DIVISION OF CORP

PAGE 02/02

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 12 PM 1:16

DOCUMENT # N07000009646			
1. Entity Name C&W ENTERPRISES OF JACKSONVILLE, INC.			
Principal Place of Business 830 ARLINGTON RIVER DRIVE 129 JACKSONVILLE, FL 32211		Mailing Address P.O. BOX 440502 JACKSONVILLE, FL 32222	
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
4. FRI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, CLARA W 830 ARLINGTON RD., #127 JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent 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 the principal (MDR: Registered Agent signature required when changing) DATE _____			
Filing Fee is \$61.25 Due by September 24, 2010		9. Election Campaign (Including Trust Fund Contribution. ☐ \$5.00 May Be Added to Filing Fee. Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, CLARA W 830 ARLINGTON RD., #127 JACKSONVILLE, FL 32211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 09/22/10--01023--003 **\$62.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, SONYA LEE P.O. BOX 34550 COLUMBIA, SC 29224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000185756390 09/22/10--01023--003 **\$62.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, SAMANTHA 1030 WESTDALE DRIVE JACKSONVILLE, FL 32211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information included on this report or supplementary 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 treasurer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached form with this filing, with all other like information.			
SIGNATURE: 		Date: B. 10/13/10	