

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90056 016 ***150.00

DOCUMENT # P00000010323

1. Entity Name

CWR PROP, INC.



Principal Place of Business

1502 FAHNSTOCK ST.
EUSTIS FL 32726

Mailing Address

1502 FAHNSTOCK ST.
EUSTIS FL 32726



2. Principal Place of Business

2601 E. ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Address

2601 E. ORANGE AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

EUSTIS, FL

City & State

EUSTIS, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32726

Country

LAKE

Zip

32726

Country

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFMAN, HAROLD V
1502 FAHNSTOCK ST.
EUSTIS FL 32726

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE D ☐ Delete
NAME COFFMAN, HAROLD V
STREET ADDRESS 1502 FAHNSTOCK ST.
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ Delete
NAME WESTBROCK, DONALD H
STREET ADDRESS 5410 BAY SIDE DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
NAME ROWLEY, CHARLES D
STREET ADDRESS 559 PARK N. CT.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Harold V. Coffman HAROLD V. COFFMAN (PRESID) 3/21/05 352-588-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #