


2006 FOR PROFIT CORPORATION ANNUAL REPORT


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DOCUMENT # P00000057312		
1. Entity Name C & W GAS CHLORINATION, INC.		

06 SEP 25 11 7:52

Principal Place of Business 204 LOOMIS AVE DAYTONA BEACH, FL 32114	Mailing Address 204 LOOMIS AVE DAYTONA BEACH, FL 32114
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
REINSTATEMENT 11/05 06	
4. FEI Number 59-3648868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WILKES, JO-ANN 204 LOOMIS AVE DAYTONA BEACH, FL 32114	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

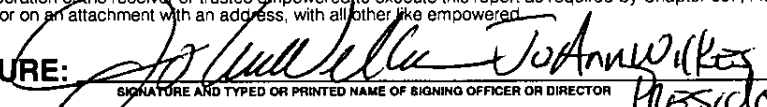
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WILKES, JO-ANN
STREET ADDRESS	204 LOOMIS AVENUE
CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	SVCE <input type="checkbox"/> Delete
NAME	WILKES, DONALD E
STREET ADDRESS	204 LOOMIS AVENUE
CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000080268410
09/28/06--01049--005 **150.00

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: 	Date: 8/31/06 - 386 295 5710
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

8/1/06

2082

To Whom It May Concern:

Please except our apology for not getting Annual Report in, we never received the necessary documents, but every thing has remained the same. We had illness in the family and when I received this notice I was very upset. Here enclosed is a check for the fee. I hope you would be so kind to waive the fee, this would be greatly appreciated.

Thank You

Taffar Wilkes
C/W Gas Chlorination.

P.S. Should you have any questions, please do not hesitate to contact me - 386-295-5710
" 253-1365"