

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90041 008 ***150.00

DOCUMENT # P01000026464

1. Entity Name

DWC INVESTMENTS, INC.



Principal Place of Business

C/O SHAKE'S FROZEN CUSTARD
1065 HIGHWAY 98 EAST
DESTIN, FL 32541

Mailing Address

C/O SHAKE'S FROZEN CUSTARD
1065 HIGHWAY 98 EAST
DESTIN, FL 32541

40102310



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

05012007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3704797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERNICKY, WAYNE
345 KELLY PLANTATION DR
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name Joyce A. Tucker, CPA

Street Address (P.O. Box Number is Not Acceptable)
1234 Airport Road #118

City Destin **FL** Zip Code 32541

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

5-1-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
CHERNICKY, WAYNE K
345 KELLY PLANTATION DR
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CHERNICKY, DEE D
345 KELLY PLANTATION DR
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

850-654-9235

Daytime Phone #