

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000086337 1. Entity Name CFBW ENTERPRISES, INC.			
Principal Place of Business 4205 HICKORY LAKE COURT TITUSVILLE, FL 32780		Mailing Address 4205 HICKORY LAKE COURT TITUSVILLE, FL 32780	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		 04212004 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BLAKEY, CHARLES E 4205 HICKORY LAKE COURT TITUSVILLE, FL 32780		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
		4. FEI Number 36-4462897	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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 _____ <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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000127353 04/23/04-80071-005 150.00	
TITLE	DP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
NAME	BLAKEY, CHARLES E		
STREET ADDRESS	4205 HICKORY LAKE COURT		
CITY - ST - ZIP	TITUSVILLE, FL 32780		
TITLE	DS		
NAME	BLAKEY, SHIRLEY B		
STREET ADDRESS	4205 HICKORY LAKE COURT	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
CITY - ST - ZIP	TITUSVILLE, FL 32780		
TITLE			
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CITY - ST - ZIP			
TITLE			
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 persons empowered.			
SIGNATURE:		21-APR-2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	