

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101540

Entity Name: CW INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

11499 84 AVE NORTH
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

11499 84 AVE NORTH
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3759799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS INC
1221 BRICKELL AVE STE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FLORIDA INCORPORATORS INC
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

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.

SIGNATURE: MARK S HANKINS

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILKINS, CARLYN
Address: 11499 84TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: PITTS, JESSICA
Address: 11499 84TH AVE N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CWILKENS

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date