

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000062140

1. Entity Name
CWEED ENTERPRISES, INC.



Principal Place of Business
9815 HIGHWAY 98 WEST DRIVE
210 GRAND VILLA
MIRAMAR BEACH, FL 32550

Mailing Address
9815 HIGHWAY 98 WEST DRIVE
210 GRAND VILLA
MIRAMAR BEACH, FL 32550



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2045431

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICKREN, CHRISTOPHER C
9815 HIGHWAY 98 WEST DRIVE
210 GRAND VILLA
MIRAMAR BEACH, FL 32550

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UN00000830231
02/26/08-80076-011 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME PICKREN, CHRISTOPHER C
STREET ADDRESS 9815 HIGHWAY 98 WEST DRIVE, UNIT 210
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE P
NAME PICKREN, ROY A JR.
STREET ADDRESS 12429 LAKE SHERWOOD SOUTH
CITY-ST-ZIP BATON ROUGE, LA 70816

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

2/12/08 504 582-4900

Date

Daytime Phone #