

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000132613

1. Entity Name  
E.C.W.D., INCORPORATED



Principal Place of Business  
1110 EAST BAY DRIVE  
LARGO, FL 33770

Mailing Address  
1110 EAST BAY DRIVE  
LARGO, FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMUDEZ, JOHN  
1110 EAST BAY DRIVE  
LARGO, FL 33770

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
John Bermudez  
1110 East Bay Drive  
Largo, FL 33770

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 MAR -9 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/01/04 01069 011 150



02012005

REIN-P

CR2E098 (6/04)

04-05

4. FEI Number

54-2087683

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

TH

04-05

900048446449  
03/15/05--01066--013 \*\*150.00

2-1-05

727-214-7444

ECWD, Inc  
1110 E. Bay Dr.  
Largo, FL 33770  
727-518-2101

PJ & J

ECWD, Inc.

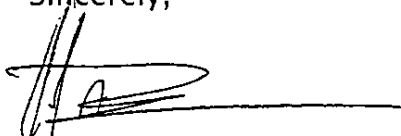
February 14, 2005

Florida Department of State

Dear Sir or Madam:

Our company never received the letter for renewing our license and annual report. My employee, Robyn Mumy, spoke with Barbara Mitchell about this on 2/14/05 and was told to send this letter in confirming that, so the fee would be waived.

Sincerely,



John Bermudez  
727-518-2101

The \$150.00 is already on record  
for 2004