

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050307

Entity Name: C.W. JR. INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

4620 LEGENDS LANE
ELKTON, FL 32033

New Principal Place of Business:

4225 A1A SOUTH
ST AUGUSTINE, FL 32080

Current Mailing Address:

4620 LEGENDS LANE
ELKTON, FL 32033

New Mailing Address:

4225 A1A SOUTH
ST AUGUSTINE, FL 32080

FEI Number: 32-0077908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINKE, KATHLEEN
4620 LEGENDS LANE
ELKTON, FL 32033 US

Name and Address of New Registered Agent:

WHITMIRE, KATHLEEN
4225 A1A SOUTH
ST AUGUSTINE, FL 32080 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: KATHLEEN WHITMIRE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEINKE, KATHLEEN
Address: 4620 LEGENDS LANE
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITMIRE, KATHLEEN
Address: 4225 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN WHITMIRE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date