

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90146 038 ***158.75

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1. Entity Name

CDW ENTERPRISES OF NAPLES, INC.



Principal Place of Business

153 VIKING WAY
NAPLES FL 34110
US

Mailing Address

153 VIKING WAY
NAPLES FL 34110
US



2. Principal Place of Business - No P.O. Box #

101 RHAPSODY COURT
Suite, Apt. #, etc.

3. Mailing Address

101 RHAPSODY COURT
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

4. FEI Number

56-2389898

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33852

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, CAROL A
153 VIKING WAY
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

101 RHAPSODY COURT

City

LAKE PLACID

FL

Zip Code

33852

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WALTERS, CAROL A
STREET ADDRESS 153 VIKING WAY
CITY-ST-ZIP NAPLES FL 34110

TITLE VP ☐ Delete
NAME WALTERS, DAVID C
STREET ADDRESS 153 VIKING WAY
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME WALTERS, CAROL A.
STREET ADDRESS 101 RHAPSODY COURT
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☒ Change ☐ Addition
NAME WALTERS, DAVID C.
STREET ADDRESS 101 RHAPSODY COURT
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carol A. Walters CAROL A. WALTERS 3-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #