

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000102916

1. Entity Name
C & W EMBROIDERY OF FLORIDA, INC.



Principal Place of Business
6326 AUGUSTA COVE
DESTIN, FL 32541 US

Mailing Address
P.O. BOX 1004
DESTIN, FL 32540 US



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0306761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARNELL, ELIZABETH L
6326 AUGUSTA COVE
DESTIN, FL 32541

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARNELL, ELIZABETH L
STREET ADDRESS 6326 AUGUSTA COVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE VP
NAME CARNELL, WILLIAM R SR.
STREET ADDRESS 6326 AUGUSTA COVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE TREA
NAME CARNELL, ELIZABETH L
STREET ADDRESS 6326 AUGUSTA COVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE SEC
NAME CARNELL, WILLIAM R SR.
STREET ADDRESS 6326 AUGUSTA COVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000216924 150.00
02/07/05-80004-010 8.75

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IN THIS SPACE**

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:

Elizabeth Carnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/3/05

Date

850-658-5952

Daytime Phone #