

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-26-2004 90009 031 ***150.00

DOCUMENT # P03000155952

1. Entity Name
CMW CONSULTANTS, INC.



Principal Place of Business
**6224 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569 US**

Mailing Address
**6224 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569 US**

66431407



07012004 Chg-P CR2E034 (10/03)

4. FEI Number
42-1613638 Applied For
Not Applicable

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

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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 file if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WINFIELD, CAROL M**
CITY-ST-ZIP **6224 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WINFIELD, MARTIN**
CITY-ST-ZIP **6224 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 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: Carol M. Winfield Carol M. Winfield 8/3/2004 813-671-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#P03000155952

Attachment
66431407
P03000155952

CMW CONSULTANTS, INC.
6224 Cricket Hollow Dr.
Riverview, FL 33569
(813) 671-2420

1026

63-751/631
BRANCH 88150

Date JULY 17, 2004

Pay to the Order of Florida Dept. of State



\$150.00

One hundred fifty and 00/100

Dollars



For 2004 Annual Report

Carol M. Winfield

AP