


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 043 ***150.00

DOCUMENT # P04000039305 1. Entity Name C.W. PROPERTY INVESTMENTS, INC.			
Principal Place of Business 2706 REW CIR SUITE 100 OCOE, FL 34761		Mailing Address P.O. BOX 34761 OCOE, FL 34761	
2. Principal Place of Business 1041 CROWN PARK CIRCLE Suite, Apt. #, etc.		3. Mailing Address 1041 CROWN PARK CIRCLE Suite, Apt. #, etc.	
City & State WINTER GARDEN Zip 34787		City & State WINTER GARDEN Zip 34787	
Country ORANGE		Country ORANGE	
4. FEI Number 34-1985893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, GOLDBERG, LEACH & COHN, PL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COX, LAWRENCE E 2706 REW CIR SUITE 100 OCOE, FL 34761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEBSTER, FRANCIS 2706 REW CIR SUITE 100 OCOE, FL 34761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>FRANCIS WEBSTER</u> <u>4/26/06</u> (407) 654-8420 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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