

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90450 001 ***150.00

DOCUMENT # P04000109087

1. Entity Name
CWL MANAGEMENT SERVICES, INC.



Principal Place of Business
55 LAUREL OAK ROAD
FERNANDINA BEACH, FL 32034

Mailing Address
PO BOX 16677
FERNANDINA BEACH, FL 32034

50015200

2. Principal Place of Business
9777 Chesterfield Drive
Suite, Apt. #, etc.

3. Mailing Address
9777 Chesterfield Drive
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip 32257 Country

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Jacksonville, FL
Zip 32257 Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number
77-0642749
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE ST
SUITE 200
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LYNCH, C. WILLIAM
STREET ADDRESS PO BOX 16677
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D ☒ Delete
NAME JACKSON, KAREN K
STREET ADDRESS PO BOX 16677
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

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 9777 CHESTERFIELD DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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 another like empowered.

SIGNATURE: C. William Lynch C. WILLIAM LYNCH 4/15/06 904-260-5324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #