


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90029 018 \*\*\*150.00

DOCUMENT # P04000109194					
1. Entity Name CWF CONSTRUCTION, INC.					
Principal Place of Business 226 S. FREDERICK AVENUE DAYTONA BEACH, FL 32114 US			Mailing Address 226 S. FREDERICK AVENUE DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business - No P.O. Box # <b>655 Madison Ave</b>		3. Mailing Address <b>PO Box 10775</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Daytona Beach FL</b>		City & State <b>Daytona Beach FL</b>		4. FEI Number <b>55-0876340</b>	
Zip <b>32114</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32120</b>		Country <b>US</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FLEMING, CHAD W D 226 S FREDERICK AVE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name <b>Chad W Fleming</b> Street Address (P.O. Box Number is Not Acceptable) <b>655 Madison Ave</b> City <b>Daytona Beach</b> FL Zip Code <b>32114</b>		
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 <u><i>Chad W Fleming</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>3/25/08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, CHAD W 226 S. FREDERICK AVENUE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Chad W Fleming 655 Madison Ave Daytona Beach FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Chad W Fleming</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/25/08</b> Daytime Phone #		