


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90029 014 ***150.00

DOCUMENT # P04000114449	
1. Entity Name PWCTW, INC.	

Principal Place of Business 3107 13TH STREET WEST LEHIGH ACRES, FL 33971	Mailing Address P.O. BOX 1722 LEHIGH ACRES, FL 33970-1722
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2. Principal Place of Business	3. Mailing Address <i>P.O. Box 1750</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>LEHIGH ACRES, FL</i>
Zip	Country
	Zip <i>33970-1750</i>

40033086



03212005 Chg-P CR2E034 (10/03)

4. FEI Number <i>20-1468501</i>	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 WATSON, PAULA M 3107 13TH STREET WEST LEHIGH ACRES, FL 33971	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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PITIS/D/C
PAULA M. WATSON
3107 13TH STREET WEST
LEHIGH ACRES, FL 33971

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:

Paula M. Watson

PAULA M. WATSON

3/21/05

239-246-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #