


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90006 024 ***150.00

DOCUMENT # P04000157956		
1. Entity Name CPW ASSOCIATES, INC.		

Principal Place of Business 9788 NW 19TH STREET CORAL SPRINGS, FL 33071	Mailing Address 9788 NW 19TH STREET CORAL SPRINGS, FL 33071
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50058377



07182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3788686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WEGMAN, PATRICIA 9788 NW 19TH STREET CORAL SPRINGS, FL 33071	

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 Patricia Wegman DATE 7/25/05
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
Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGMAN, CHARLES B 9788 NW 19TH STREET CORAL SPRINGS, FL 33071 <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 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: Charles B. Wegman DATE 7/25/05 DAYTIME PHONE # 954-931-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT
50058377

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 18, 2005

CPW ASSOCIATES, INC.
9788 NW 19TH STREET
CORAL SPRINGS, FL 33071

SUBJECT: CPW ASSOCIATES, INC.
Ref. Number: P04000157956

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 805A00047012

ATTACHMENT

PO4000157956

50058377

July 7th, 2005

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

CPW Associates, Inc
9788 NW 19th Street
Coral Springs, FL 33071
59-3788686

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,



CPW Associates, Inc
59-3788686