

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-05-2007 90146 002 ***150.00

DOCUMENT # P06000111861																																																																																																																																									
1. Entity Name C.W. CHEN, INC.																																																																																																																																									
Principal Place of Business 3350 NAVY BLVD PENSACOLA FL 32505			Mailing Address 3350 NAVY BLVD PENSACOLA FL 32505																																																																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State		4. FEI Number 30-0412208																																																																																																																																					
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent DEES, DAVID L 3300 N PACE BLVD STE 315 PENSACOLA FL 32505			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 _____ (NOTE: Registered Agent signature required when terminating) _____ DATE _____																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1048 BLACK WALNUT TR</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td style="padding: 2px;">PENSACOLA FL 32514</td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	1048 BLACK WALNUT TR		STREET ADDRESS			CITY- ST- ZIP	PENSACOLA FL 32514		CITY- ST- ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition							STREET ADDRESS			STREET ADDRESS									CITY- ST- ZIP			CITY- ST- ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition							STREET ADDRESS			STREET ADDRESS									CITY- ST- ZIP			CITY- ST- ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition							STREET ADDRESS			STREET ADDRESS									CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/29/07 850-341-3612																																																																																																																																						