

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013242

**FILED**  
**Jan 23, 2009**  
**Secretary of State**

**Entity Name:** C. W. ENTERPRISES OF FORT MYERS, FLORIDA, INC.

**Current Principal Place of Business:**

18428 MATANZAS RD.  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

18428 MATANZAS RD.  
FT. MYERS, FL 33967 US

**Current Mailing Address:**

P.O. BOX 985  
ESTERO, FL 33928

**New Mailing Address:**

P.O. BOX 985  
ESTERO, FL 33929

**FEI Number:** 65-0394055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, JEFF  
18428 MATANZAS RD  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, JEFF  
Address: 18428 MATANZAS RD  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEWIS, JEFF  
Address: 18428 MATANZAS RD  
City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JEFF LEWIS

P

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date