

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 005 ***150.00

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1. Entity Name

C & W AMUSEMENTS, INC.



Principal Place of Business
2389 RINGLING BLVD.
SUITE A
SARASOTA FL 34237

Mailing Address
2389 RINGLING BLVD.
SUITE A
SARASOTA FL 34237



2. Principal Place of Business - No P.O. Box #
206 St Lucie Ave

3. Mailing Address
206 St Lucie Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number 65-0462582

Applied For
Not Applicable

Zip 34232

Country USA

Zip 34232

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDT, JACK W
2389 RINGLING BLVD.
SUITE A
SARASOTA FL 34237

Name
Deborah Cristiani

Street Address (P.O. Box Number is Not Acceptable)
206 St Lucie Ave

City Sarasota

FL

Zip Code 34232

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. Deborah Cristiani

SIGNATURE *Deborah Cristiani*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CRISTIANI, NADIO
STREET ADDRESS 206 ST LUCIE AVENUE
CITY-ST-ZIP SARASOTA-FL

TITLE D ☐ Change ☐ Addition
NAME Christopher Cristiani
STREET ADDRESS 206 st Lucie Ave
CITY-ST-ZIP Sarasota, FL 34232

TITLE D ☐ Delete
NAME WINDT, JACK W
STREET ADDRESS 2389 RINGLING BLVD., SUITE A
CITY-ST-ZIP SARASOTA FL 34237

TITLE O ☐ Change ☐ Addition
NAME Deborah Cristiani
STREET ADDRESS 206 St Lucie Ave
CITY-ST-ZIP Sarasota, FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Nadio Cristiani president

SIGNATURE: *Nadio Cristiani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 941-928-6888
Date Daytime Phone #