

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90027 014 \*\*\*150.00

**DOCUMENT # P96000051296**

1. Entity Name  
**C W OF PLANT CITY, INC.**



Principal Place of Business  
**110 E REYNOLDS ST STE 700  
PLANT CITY, FL 33566**

Mailing Address  
**P.O. BOX 1118  
PLANT CITY, FL 33564 US**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3385599</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**VERNER, EDWARD M  
110 E REYNOLDS ST STE 700  
PLANT CITY, FL 33566**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNER, EDWARD M 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, JOHN V 110 E REYNOLDS STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMP, JAMES R 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04  
Date Daytime Phone #