

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3385599

Applied For
Not Applicable

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

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 relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VERNER, EDWARD M
STREET ADDRESS 110 E REYNOLDS ST STE 700
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE VPD
NAME VERNER, JOHN V
STREET ADDRESS 110 E REYNOLDS STE 700
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE SD
NAME SHUMP, JAMES R
STREET ADDRESS 110 E REYNOLDS ST STE 700
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 Chapter 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

2/4/08

Date

Daytime Phone #