

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059421

Entity Name: C.W.L. MANAGEMENT, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

1127 A WEST ORANGE AVE.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

C/O CONNIE W. LILES
1127 A WEST ORANGE AVE.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-3413755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE, SUITE A
GAINESVILLE, FL 326022759 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: D () Delete
Name: LILES, CONNIE W
Address: 3909 CATES AVENUE
City-St-Zip: TALLAHASSEE, FL 32310

Title: ST () Delete
Name: LILES, JARRETT H III
Address: 9878 BROOKHOLLOW LANE
City-St-Zip: TALLAHASSEE, FL 323115465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE LILES

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date