

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096119

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** CWMC EQUIPMENT CORPORATION

**Current Principal Place of Business:**

929 N. SPRING GARDEN AVE.  
STE. #100  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

929 N. SPRING GARDEN AVE.  
STE. #100  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-3412695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMPLETE WELLNESS CENTERS, INC.  
929 N. SPRING GARDEN AVE.  
SUITE 100  
DELAND, FL 32724 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  
**Name:** TIMKO, JOHN R  
**Address:** 929 N. SPRING GARDEN AVE., SUITE 100  
**City-St-Zip:** DELAND, FL 32720

**Title:** ST  
**Name:** HAYMAN, STEPHEN  
**Address:** 929 N. SPRING GARDEN AVE., SUITE 100  
**City-St-Zip:** DELAND, FL 32720

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN R. TIMKO

P

02/03/2010

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

\_\_\_\_\_  
Date