

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90026 050 \*\*\*158.75

**DOCUMENT # P97000008492**

1. Entity Name  
**D B W ENTERPRISES, INC.**



Principal Place of Business  
**2916 BETHANY PL  
 CLEARWATER, FL 33759**

Mailing Address  
**2916 BETHANY PL  
 CLEARWATER, FL 33759**

2. Principal Place of Business - No P.O. Box #  
**325 53rd Circle**

3. Mailing Address  
**325 53rd Circle**

Suite, Apt. #, etc.

City & State  
**Vero Beach FL**

City & State  
**Vero Beach FL**

Zip  
**32968**

Country  
**US**



01182008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0729810**

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

6. Name and Address of Current Registered Agent  
**WETHERELL, BRUCE  
 2916 BETHANY PLACE  
 CLEARWATER, FL 33759**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
 Name **Wetherell, Ralph K**  
 Street Address (P.O. Box Number is Not Acceptable)  
**325 53rd Circle**  
 City **Vero Beach FL** Zip Code **32968**

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 *Ralph K. Wetherell* **Ralph K. Wetherell, Vice Pres/Sec** DATE **2-19-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input checked="" type="checkbox"/> Delete
NAME	WETHERELL, BRUCE B	
STREET ADDRESS	2916 BETHANY PLACE	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	WETHERELL, DAVID S	
STREET ADDRESS	222 El Brillo Way	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/IS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wetherell, Ralph K	
STREET ADDRESS	325 53rd Circle	
CITY-ST-ZIP	Vero Beach FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wetherell, David S	
STREET ADDRESS	222 El Brillo Way	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ralph K. Wetherell* **Ralph K. Wetherell** DATE **2/18/08** DAYTIME PHONE # **772.978.0916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #