


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90100 050 ***150.00

DOCUMENT # P97000027556	
1. Entity Name CBW MFG., INC.	

Principal Place of Business 2444 MERCHANT AVE. SUITE 102 ODESSA, FL 33556-3440 US	Mailing Address 2444 MERCHANT AVE. SUITE 102 ODESSA, FL 33556-3440 US
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2. Principal Place of Business - No P.O. Box # 2444 MERCHANT AVE	3. Mailing Address 2444 MERCHANT AVE
Suite, Apt. #, etc. SUITE 103	Suite, Apt. #, etc. SUITE 103
City & State ODESSA FL	City & State ODESSA FL
Zip 33556-3485	Country USA



01222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3438160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FEIST, LAWRENCE J 2444 MERCHANT AVE. SUITE 102 ODESSA, FL 33556-3440	
7. Name and Address of New Registered Agent Name LAWRENCE J. FEIST Street Address (P.O. Box Number is Not Acceptable) 2444 MERCHANT AVE SUITE 103 City ODESSA FL Zip Code 33556-3485	

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 *Lawrence J. Feist* DATE 01/31/07

Signature, typed or printed name of registered agent, and date of appointment. (NOTE: Registered Agent's signature is required when re-instating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD FEIST, LAWRENCE J 5049 GLENN DR NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SVD MESECK-BUSHEY, SYLVIA J 5049 GLENN DR NEW PORT RICHEY, FL 346526824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence J. Feist* DATE 01/31/07 727-842-2728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR