2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000059242

1. Entity Name
CEW PROPERTIES, INC.

Principal Place of Business
2296 WESTMINSTER TERR.
OVIEDO, FL 32765

Mailing Address
2296 WESTMINSTER TERR.
OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3525133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLICK, CLARENCE E
2296 WESTMINSTER TERR.
OVIEDO, FL 32765

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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 ____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000216203
02/05/05--60039--014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALLICK, C. E.
STREET ADDRESS	2296 WESTMINSTER TERR.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	ST
NAME	WALLICK, DEBRA C
STREET ADDRESS	2296 WESTMINSTER TERR.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Clarence E Wallick Clarence E Wallick 2/2/05

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