

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000073934

1. Entity Name
CWS MARKETING GROUP, INC.



FILED

07 JUL 26 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07202007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0862105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WESTFALL, DAVID P
1301 NINTH AVE. WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME STEARMAN, C. WILLIAM
STREET ADDRESS 11091 CROOKED STICK LANE
CITY-ST-ZIP CARMEL, IN 46032

TITLE T
NAME WESTFALL, DAVID P
STREET ADDRESS 1301 9TH AVE W
CITY-ST-ZIP BRADENTON, FL 34204

TITLE CEO
NAME STEARMAN, JENNIFER
STREET ADDRESS 11091 CROOKED STICK LANE
CITY-ST-ZIP CARMEL, IN 46032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President/CEO
NAME STEARMAN, JENNIFER
STREET ADDRESS 11091 CROOKED STICK LANE
CITY-ST-ZIP CARMEL, IN 46032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: *David P. Westfall* DAVID P. WESTFALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23 07 944-748-8772

Date

Daytime Phone #