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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 08:00 A Secretary of State

DOCUMENT # P99000075678 1. Entity Name C W B CONTRACTORS, INC.					Secretary of S			
Principal Place of Business Mailing Address								
2445 C.R.2006 BUNNELL, FL 32110		2445 C.R.2006 Bunnell, Fl. 32110						
DUMNELL, FO	L 32110	DUMNILL, IL 32110			<u> </u> 			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03072008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-3594			pplied For at Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered Agent	
BAYLOR, CLINTON				Name				
2445 C.R. BUNNELL			Street Address (ddress (P.O. Box Number is Not Acceptable)				
			City				FL Zip Cod	ө
	named entity submits this statement folions of registered agent	r the purpose of changing its	s registere	ed office or register	red agent, or both	i, in the State of Fid	orida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and life d applicable (NO	E: Ranstere	d Agent signature required	i when reinstating)	 -	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees		··	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PSTD .	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAM SIRE	ET ADDRESS				
CITY-ST-ZIP	BUNNELL, FL 32110			-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS		U000	00864288	
CITY ST-ZIP				-ST-ZIP		04/04/0	8-80009-017	150.00
TITLE		☐ Delete	THTLE				☐ Change	Addition
NAME STREET AODRESS			NAM STRE	ET ADDRESS				į
CITY-ST-ZIP				-ST-ZIP				
TATLE		☐ Delete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS			NAM	E ET ADDRESS				İ
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE	1			☐ Change	Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP		-	4	ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAM	E Et address				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby	L	this filing does not qualify for	or the exe	emptions contained	in Chapter 119,	Florida Statutes. I	further certify that the in	nformation

2. Thereby certify that the information supplied with this iming does not qualify for the exemptions contained in Chapter 119, more statutes. From a statutes in the information supplied with the iming does not qualify for the exemptions contained in Chapter 119, more statutes and in the certify that in the information indicated on this report or supplied entering that may signature shall have the same legal effect as if made under orath, 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: Lenton Junto

3/17/8 386-672-013