


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90022 039 ***150.00

DOCUMENT # P99000106219	
1. Entity Name CCW ACQUISITION CO.	

Principal Place of Business 1470-1472 GOLDEN GATE PARKWAY NAPLES FL 34105	Mailing Address 1470-1472 GOLDEN GATE PARKWAY NAPLES FL 34105
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54002312



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4332647	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SKIZAS, ALEX 26131 HICKORY BLVD.MS.W. BONITA SPRINGS FL 33923

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	SKIZAS, ALEX
STREET ADDRESS	26131 HICKORY BLVD
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	VPSD <input type="checkbox"/> Delete
NAME	SKIZAS, EVELYN
STREET ADDRESS	26131 HICKORY BLVD
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	V <input type="checkbox"/> Delete
NAME	SKIZAS, RICK
STREET ADDRESS	317 SPIDER LILY LANE
CITY-ST-ZIP	NAPLES FL 34119
TITLE	V <input type="checkbox"/> Delete
NAME	SKIZAS, BEVERLY
STREET ADDRESS	317 SPIDER LILY LANE
CITY-ST-ZIP	NAPLES FL 34119
TITLE	V <input type="checkbox"/> Delete
NAME	SKIZAS, KEN
STREET ADDRESS	2218 STACIL CIRCLE
CITY-ST-ZIP	NAPLES FL 34119
TITLE	V <input type="checkbox"/> Delete
NAME	SKIZAS, RACHEL
STREET ADDRESS	2218 STACIL CIRCLE
CITY-ST-ZIP	NAPLES FL 34119

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	SKIZAS, RICK
STREET ADDRESS	9723 WILSHIRE LAKES BLVD
CITY-ST-ZIP	NAPLES, FL. 34109
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIZAS BEYERLY
STREET ADDRESS	9723 WILSHIRE LAKES BLVD.
CITY-ST-ZIP	NAPLES, FL. 34109
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIZAS, KEN
STREET ADDRESS	28428 DEL LAGO WAY
CITY-ST-ZIP	BONITA SPRINGS, FL. 34135
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIZAS, Rachel
STREET ADDRESS	28428 DEL LAGO WAY
CITY-ST-ZIP	BONITA SPRINGS, FL. 34135

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: Ken Skizas 1-26-04 239-434-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #