

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S59488



Entity Name
C.W. ENTERPRISES, INC.

Principal Place of Business
**1149 NATURES HAMMOCK ROAD
 JACKSONVILLE, FL 32259 US**

Mailing Address
**1149 NATURES HAMMOCK ROAD
 JACKSONVILLE, FL 32259 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3072013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ODOM, LISA S
 174 N CLAY ST
 JACKSONVILLE, FL 32202**

**DO NOT WRITE
 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

100100896319
 01/30/06-80028-020 150.00

OFFICERS AND DIRECTORS

TITLE DPS	NAME WEBBER, GARY G
STREET ADDRESS 1149 NATURES HAMMOCK RD	CITY-ST-ZIP JACKSONVILLE, FL 32259
TITLE DVT	NAME WEBBER, LINDA J
STREET ADDRESS 1149 NATURES HAMMOCK RD	CITY-ST-ZIP JACKSONVILLE, FL 32259
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

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: *Gary G. Webber* **GARY G. WEBBER** **1-11-06** **1-904-287-5925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #