

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

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



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 ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ODOM, LISA S  
14 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1101000390319  
01/30/06-80028-020 150.00**

**OFFICERS AND DIRECTORS**

**DPS  
WEBBER, GARY G  
1149 NATURES HAMMOCK RD  
JACKSONVILLE, FL 32259**

**DVT  
WEBBER, LINDA J  
1149 NATURES HAMMOCK RD  
JACKSONVILLE, FL 32259**

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-06**  
Date

**1-904-287-5925**  
Daytime Phone #