

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K01497

**Entity Name:** CWF ENTERPRISES, INC.

**Current Principal Place of Business:**

5153 US HWY 27 SOUTH  
SEBRING, FL 33870

**Current Mailing Address:**

5153 US HWY 27 SOUTH  
SEBRING, FL 33870

**FEI Number:** 65-0011025

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FURNESS,, COLIN W  
4852 ORDIE DRIVE  
ZOLFO SPRINGS, FL 33890 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            FURNESS, COLIN WMR.  
Address        4852 ORDIE DRIVE  
City-State-Zip: ZOLFO SPRINGS FL 33890

Title            VP  
Name            FURNESS, KELLY M  
Address        4852 ORDIE DRIVE  
City-State-Zip: ZOLFO SPRINGS FL 33890

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** COLIN W FURNESS

**PRESIDENT**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date