

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000102799

Entity Name: CBW MARKETING, INC.**Current Principal Place of Business:**6108 KIPPS COLONY DR. W.
GULFPORT, FL 33707**Current Mailing Address:**6108 KIPPS COLONY DR. W.
GULFPORT, FL 33707 US**FEI Number:** 45-4092133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, KATHRYN E
6108 KIPPS COLONY DR. W.
GULFPORT, FL 33707 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	P
Name	WALKER, COREY J
Address	6108 KIPPS COLONY DR. W.
City-State-Zip:	GULFPORT FL 33707

Title	SEC
Name	WALKER, COREY J
Address	6108 KIPPS COLONY DR. W.
City-State-Zip:	GULFPORT FL 33707

Title	DIR
Name	WALKER, COREY J
Address	6108 KIPPS COLONY DR. W.
City-State-Zip:	GULFPORT FL 33707

Title	VP
Name	WALKER, KATHRYN E
Address	6108 KIPPS COLONY DR. W.
City-State-Zip:	GULFPORT FL 33707

Title	TREA
Name	WALKER, KATHRYN E
Address	6108 KIPPS COLONY DR. W.
City-State-Zip:	GULFPORT FL 33707

Title	DIR
Name	WALKER, KATHRYN E
Address	6108 KIPPS COLONY DR. W.
City-State-Zip:	GULFPORT FL 33707

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: KATHRYN WALKER

VP

02/05/2024

Electronic Signature of Signing Officer/Director Detail_____
Date