2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05569

817 N HYER AVE

ORLANDO, FL 32803 US

Address: City-St-Zip:

Entity Name: T.W.I. ENTERPRISES INC.

FILED Apr 06, 2004 Secretary of State

Littly Nan	ile. 1.00.5. EN	TERFRIOLO, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
817 N. HYE	ANE JONES ER AVE. 9, FL 32803		% MARYJANE JONES 5625 BROWNELL ST. ORLANDO, FL 32810		
Current M	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
817 N. HYE	ANE JONES ER AVE. 9, FL 32803		% MARYJANE JONES 5625 BROWNELL ST. ORLANDO, FL 32810		
FEI Number:	59-2862311	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JONES, MARYJANE VP 817 N. HYER AVE. ORLANDO, FL 32803			JONES, MARYJANE VF 5625 BROWNELL ST. ORLANDO, FL 32810		
The above in the State		ubmits this statement for the pu	rpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/06/2004	
	Electron	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () JONES, MARYJ 817 N. HYER AV ORLANDO, FL	Æ	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	P () JONES, THOMA 817 N. HYER AV ORLANDO, FL	Æ	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S () MILLER, JEREN	Delete Y R	Title: (Name:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY JANE JONES VP 04/06/2004