

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112453

FILED
Apr 10, 2006
Secretary of State

Entity Name: TWIN VEE, INC.

Current Principal Place of Business:

3101 SOUTH FEDERAL HIGHWAY
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

3101 SOUTH FEDERAL HIGHWAY
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 20-0295753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNERY, JOHN C JR
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUX, STEVEN
Address: 3101 S. FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: GIACONA, STEVEN
Address: 3101 S. FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: DUNSHEE, ROGER
Address: 3101 S. FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

Title: DP () Delete
Name: EAST, DAVID
Address: 3101 S. FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NOBLE, SCOTT
Address: 16 BELLE REVE DRIVE
City-St-Zip: BLUFFTON, SC 29909

Title: CFO () Change (X) Addition
Name: DAVIS, MICHAEL B
Address: 3101 S FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MICHAEL B. DAVIS

CFO

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date