

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90026 001 \*\*\*150.00

DOCUMENT # P03000124574

1. Entity Name

TWIN SOD CORP.



Principal Place of Business

2523 W MAIN STREET  
TAMPA FL 33607

Mailing Address

2523 W MAIN STREET  
TAMPA FL 33607

2. Principal Place of Business

2523 W. main st.

3. Mailing Address

2523 W. main st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

20-0351528

Applied For

Not Applicable

Zip

33607

Country

United States

Zip

33607

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, FELIPE  
2523 W MAIN STREET  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 a

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME DELGADO, FELIPE  
STREET ADDRESS 2523 W MAIN STREET  
CITY- ST- ZIP TAMPA FL 33607

TITLE SD ☐ Delete

NAME DELGADO, JUAN F  
STREET ADDRESS 2523 W MAIN STREET  
CITY- ST- ZIP TAMPA FL 33607

TITLE T ☐ Delete

NAME RODRIGUEZ, ZOCIMA  
STREET ADDRESS 2528 W MAIN ST  
CITY- ST- ZIP TAMPA FL 33607

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: Felipe Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 (813) 673-8405

Date

Daytime Phone

To whom it may concern,

ATTACHMENT

66026062

#P03000124574

I have called your offices to explain that I did not receive your first notice. I received one not too long from now and I mailed it back to receive the form. It was not our fault that we received the application late.

Thank you.

Felipe Delgado



ATTACHMENT

06026062

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 25, 2005

FREDRICKSON DRYWALL, INC  
4404 W IDLEWILD AVE  
TAMPA, FL 33614

Subject: FREDRICKSON DRYWALL, INC

Reference Number:

P04000083004

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314