


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90069 039 ***150.00

DOCUMENT # P04000071007

1. Entity Name
TWIN MEDICAL SUPPLY, INC.



Principal Place of Business Mailing Address
5 SABINE DR **5 SABINE DR**
PENSACOLA BEACH, FL 32561 **PENSACOLA BEACH, FL 32561**

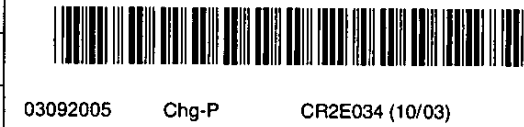
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 450 Van Pelt lane

City & State City & State
 Pensacola, FL

Zip Country Zip Country
 32505 **Escambia**

6. Name and Address of Current Registered Agent

PATRONI, CLYDE J SR
5 SABINE DR
PENSACOLA BEACH, FL 32561



4. FEI Number Applied For
20-0972095 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 agent.

SIGNATURE:  **Clyde J. Patroni, President** **03/17/05**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRONI, CLYDE J SR	NAME	
STREET ADDRESS	5 SABINE DR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ALSTINE, TIMOTHY L	NAME	
STREET ADDRESS	5704 NICKLOUS LANE	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Clyde J. Patroni, President** **03/17/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **850-672-2153** Daytime Phone #