


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000047777</b>	
1. Entity Name 100 TWIGGS, INC.	

Principal Place of Business 110 E MADISON ST SUITE 200 TAMPA, FL 33602 US	Mailing Address 110 E MADISON ST SUITE 200 TAMPA, FL 33602 US
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3191011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIEDEL, HARLEY E  
100 EAST MADISON ST.  
SUITE 200  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIEDEL, HARLEY E 110 MADISON ST SUITE 200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS STICHIER, DON M 110 E. MADISON STREET S-200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLAIN, RUSSEL M 110 E MADISON STREET S-200 TAMPA, FL 33602
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UD0000002834  
01/13/04-80030-006 150.00

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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:** *Harley E. Riedel* **Harley E. Riedel** 1-7-04 813-229-0144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #