

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90210 022 ***150.00

DOCUMENT # 411724

1. Entity Name
TWI, INC.



Principal Place of Business

LEE CHARLOTTE CO LINE & US 41
P. O. DRAWER 4357
N. FT MYERS, FL 33918-4357

Mailing Address

LEE CHARLOTTE CO LINE & US 41
P. O. DRAWER 4357
N. FT MYERS, FL 33918-4357



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1836913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STINTZI, ROBERT E.
RT #2 BOX 880
PUNTA GORDA, FL 33953

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STINTZI, ROBERT E 17200 TAMiami TRL. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EXEC. VP SALTERS, SHERRI M 7748 WILCAT ROAD HUBER HEIGHTS, OH 45424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STINTZI, CHARL PAT MURPHY 17200 N. TAMiami TR 5264 Willow Ct PUNTA GORDA, FL 33955 Cape Coral FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04
Date

239-731-1900
Daytime Phone #