

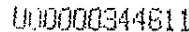



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 411724</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01032005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1836913 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  STINTZI, ROBERT E. RT #2 BOX 880 PUNTA GORDA, FL 33953		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (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. <input type="checkbox"/> \$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	 04/30/05-80003-011 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SALTERS, SHERRI M 7748 WILLOCAT ROAD HUBER HEIGHTS, OH 45424	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, PAT 5264 WILLOW CT. CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 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:  Robert E. Stintzi Pres. 4/30/05 239-133-4335 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		