## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 477440**

Entity Name: 'TWEEN WATERS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
210 S. LAK TAVARES,		US			E AVE #26 FL 32778	US
Current Mailing Address:				New Mailing Address:		
210 S. LAK TAVARES,		US			E AVE #26 FL 32778	US
FEI Number:	59-1623663	FEI Number Applied For ( )	FEI Numbe	er Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
STONE, LEWIS W. 4850 N. HWY 19-A MT. DORA, FL 32757 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ERWIN, LARR 210 S. LAKE A TAVARES, FL	VE #10	Na Ad	itle: ame: ddress: ity-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( KUNTZMAN, R 210 S. LAKE A TAVARES, FL	\VE #21	Na Ad	itle: ame: ddress: ity-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( BAKER, ROSL 210 S. LAKE A TAVARES, FL	VE #28	Na Ad	itle: ame: ddress: ity-St-Zip:	(	) Change()Addition
Title: Name: Address: City-St-Zip:	D ( GREENWOOD 210 S LAKE AV TAVARES, FL	/ENUE #24 1/2	Na Ad	itle: ame: ddress: ity-St-Zip:	(	) Change()Addition
Title: Name: Address: City-St-Zip:	D ( SHERWOOD, I 210 S. LAKE A TAVARES, FL	VE #4	Na Ad	itle: ame: ddress: ity-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( REIDENBACH, 210 S. LAKE A TAVARES, FL	VE #7	Na Ad	itle: ame: ddress: ity-St-Zip:	D (X THORESTON, 210 S. LAKE A TAVARES, FL	VE #9

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA GREGG TREA 04/29/2009