


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 532570 1. Entity Name TW MANAGEMENT OF NAPLES, INC.	
---	---

Principal Place of Business %REMO CIFANI 430 HERON AVE. NAPLES, FL 33963	Mailing Address %REMO CIFANI 430 HERON AVE. NAPLES, FL 33963
---	---



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2341401	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

CENTENARO, NICK S
14600 OLD TAMIAMI TR
NAPLES, FL 33963

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000785864 01/17/08-80018-013 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CENTENARO, NICK S 14600 OLD TAMIAMI TR NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIFANI, REMO E 18800 JEFFERSON DRIVE WALTON HILLS, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIFANI, JUSTINE 1800 JEFFERSON DRIVE WALTON HILLS, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIFANI, JOSEPH 1800 JEFFERSON DRIVE WALTON HILLS, OH
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 exemptions contained 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 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: *Remo E. Cifani* **Remo E. CIFANI** 1/12/08 239-597-7643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #