


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 590756</b> 1. Entity Name TDW, INC.					
Principal Place of Business 5409 HICKORY ST. PANAMA CITY, FL 32401			Mailing Address 1405 W. BEACH DR PANAMA CITY, FL 32401 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1887217</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BENSE, ALLAN G. 1405 W. BEACH DR P O BOX 2462 PANAMA CITY, FL 32401				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P BENSE, TONIE L. 1405 W. BEACH DR. PANAMA CITY, FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DSC BENSE, ALLAN G. 1405 W. BEACH DR. PANAMA CITY, FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP BENSE, COURTNEY 1405 W. BEACH DR. PANAMA CITY, FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete				
<b>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.</b>			SIGNATURE: <u>Allen Bense</u> <span style="float: right;">4/6/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		