

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 042 ***150.00

DOCUMENT # 825463

1. Entity Name
TRANS WORLD ASSURANCE COMPANY



Principal Place of Business
**885 SOUTH EL CAMINO REAL
SAN MATEO, CA 94402**

Mailing Address
**885 SOUTH EL CAMINO REAL
SAN MATEO, CA 94402**

54011259



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302004

Chg-P

CR2E034 (10/03)

4. FEI Number

94-1567745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOUTHERLAND, L.B.
3815 LYNN ORA DR.
PENSACOLA, FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 **VD** ☐ Delete
NAME **WOODBURY, B.J.**
STREET ADDRESS **600 W BROADWAY STE 3100**
CITY-ST-ZIP **SAN DIEGO, CA 92101**

TITLE **SD** ☐ Delete
NAME **ROYALS, N.E.**
STREET ADDRESS **4060 BARRANCAS AVENUE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **PD** ☐ Delete
NAME **ROYALS, C.B.**
STREET ADDRESS **800 26TH AVENUE**
CITY-ST-ZIP **SAN MATEO, CA 94402,**

TITLE **C** ☐ Delete
NAME **BARTLETT, EARL JR**
STREET ADDRESS **1817 CANYON OAK COURT**
CITY-ST-ZIP **SAN MATEO, CA 94402,**

TITLE **T** ☐ Delete
NAME **VROOMAN, M. A**
STREET ADDRESS **4060 BARRANCAS AVE**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE **D** ☐ Delete
NAME **HESS, M.**
STREET ADDRESS **4060 BARRANCAS AVE.**
CITY-ST-ZIP **PENSACOLA, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition
NAME **WOODBURY, B.J.**
STREET ADDRESS **9171 TOWNE CENTER DRIVE**
CITY-ST-ZIP **SAN DIEGO, CA 92122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Mary A. Vrooman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary A. Vrooman, Treasurer

1/30/04 (850) 456-7401

Date Daytime Phone #