

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90002 033 \*\*\*150.00

**DOCUMENT # F03000000713**

1. Entity Name  
T.W.D. ENTERPRISES, INC.



Principal Place of Business  
350 SOUTH OCEAN BLVD., #9C  
BOCA RATON, FL 33432

Mailing Address  
350 SOUTH OCEAN BLVD., #9C  
BOCA RATON, FL 33432

**54067368**

2. Principal Place of Business  
6065 Parkland Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
6065 Parkland Blvd  
Suite, Apt. #, etc.



08042004 Chg-P CR2E034 (10/03)

City & State  
Mayfield Hts. Ohio  
Zip 44124 Country Cuyahoga

City & State  
Mayfield Heights, Ohio  
Zip 44124 Country Cuyahoga

4. FEI Number  
34-1899044  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DAVIDSON, TONJA W  
350 SOUTH OCEAN BLVD., #9C  
BOCA RATON, FL 33432

**7. Name and Address of New Registered Agent**

Name  
STEVE GOLD  
Street Address (P.O. Box Number is Not Acceptable)  
33 E. CAMINO REAL #103  
City BOCA RATON FL Zip Code 33432

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 *Steve Gold*

8-4-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P WALKER, TONJA W  
350 SOUTH OCEAN BLVD., #9C  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P WALKER, TONJA W  
6065 PARKLAND BLVD  
MAYFIELD HEIGHTS, OH 44124 ☒ Change ☐ Addition

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

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

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

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

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

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: *Tonja Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04 440-995-6102  
Date Daytime Phone #