FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800005392

1. Corporation Name

TWIN DOUBLOONS I, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90134 036 ***150.00



	•		4.5			
Principal Place	e of Business	Mailing Address		- I IODIIOO IISE SEIO INIIL EDISI OBIII ENIS OPEI	. 46191 51148 11118	18118 1181 1881
204 S RONAY DRIVE 204 S RONAY DRIVE SPICEWOOD TX 78669 SPICEWOOD TX 78669				DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed 09/25/1998		
2. Principal P	lace of Business Don Fast 6x	· 2a. Mailing Address		4. FEI Number	Ap	plied For
2. Principal Place of Business DBA trast Fix: 2a. Mailing Address 21 5100 1.94 Avenue 26				74-2891414	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	icola FC	City & State	* • • · <u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip Country Zip 24 3 3 50 4 25 USA 29 30			Country	This corporation owes the current year f Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent	
77.10	ARDOOM CLICAN		81 Name			
THOMPSON, SUSAN 4966 COQUINA KEY DRIVE SE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
STE	PETERSBURG FL 33705		83			
			84 City		85 Zip (Code :
		·		<u> </u>	L. i.	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was authoriz	zed by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its ointment as re	gistered
SIGNATURE				ad when reinstation) OATE		
40	Signature, typed or printed name of registered ager		ered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12
12.	PD		1 TITLE	ADDITIONS/GUARITOES TO OUT TOETICS	☐ Change	Addition
NAME	FRANKLIN, CHRISTOPHER	_	2 NAME			
STREET ADDRESS	204 S RONAY DRIVE		3 STREET ADDRESS			
CITY-ST-ZIP	SPICEWOOD TX 78669		4 CITY-ST-ZIP			}
TITLE	SD		1 TITLE		Change	Addition
NAME	FRANKLIN, CATHERINE D	2.	2 NAME			}
STREET ADDRESS	AND A DOMAN DOME	2.	3 STREET ADDRESS			}
***-ST-ZIP	SPICEWOOD TX 78669	ľ	4 CITY-ST-ZIP	·		170 200 300
			1 TITLE		Change	☐ Addition
-		3.	2 NAME			
1000000		3.	3 STREET ADDRESS			
710		3.	4. CITY-ST-ZIP			
	į	☐ DELETE .4.	1 TITLE		Change	☐ Addition
		4.	2 NAME			
' mrqq	!	4.	3 STREET ADDRESS			
•	·	4.	4 C/TY+ST-ZIP			
			1 TITLE		Change	☐ Addition
: 4			2 NAME			
RESS		5.	3 STREET ADDRESS	• •		}
-			4 CITY-ST-ZIP			
. —			1 TITLE	1	☐ Change	☐ Addition
-		6.	2 NAME			-
	<u>. </u> 	6.	3 STREET ADDRESS			

eby 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 retord on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 12 or Block 13 if changed, op on an attachment with an address, with all other like empowered.

Catherine Franklin