

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 024 ***158.75

DOCUMENT # G55146 1. Entity Name W.T. TWARDOSKY SCRAP METAL, INC.			
Principal Place of Business 182 JAMES ST VENICE, FL 34292 US		Mailing Address 182 JAMES ST VENICE, FL 34292 US	
2. Principal Place of Business - No P.O. Box # 181 JAMES ST Suite, Apt. #, etc.		3. Mailing Address 181 JAMES ST Suite, Apt. #, etc.	
City & State VENICE, FL Zip 34285		City & State VENICE, FL Zip 34285	
Country USA		Country USA	
4. FEI Number 59-2353533		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01062008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TWARDOSKY, DORIS A. 1475 CREST DRIVE ENGLEWOOD, FL 34223		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TWARDOSKY, WILLIAM T 1475 CREST DR ENGLEWOOD, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TWARDOSKY, DORIS A 1475 CREST DR ENGLEWOOD, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>William T. Twardosky</u> William T. Twardosky		Date <u>1-18-08</u> 941 484-3496	