


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # G58994		
1. Entity Name TIRE WHEEL & AUTOMOTIVE "TWA", INC.		

Principal Place of Business 8930 N. 56TH ST. STE 301 TEMPLE TERRACE FL 33617 US	Mailing Address 8930 N 56TH ST. P.O. BOX 75638 TEMPLE TERRACE FL 33617 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-2332567	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAYMOND J. PROCH 8930 N. 56TH ST. STE 301 TEMPLE TERRACE FL 33617

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	PROCH, RAYMOND J.	NAME	
STREET ADDRESS	6142 CAROLINE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	WESLEY CHAPEL FL	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	PROCH, MARY C.	NAME	
STREET ADDRESS	6142 CAROLINE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	WESLEY CHAPEL FL	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	WHITE, ROGER A	NAME	
STREET ADDRESS	10327 CHADBOURNE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33624	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>Raymond J. Proch</i> RAYMOND J. PROCH 1-31-04 813 985 9729
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02/04/04-80152-023-150.00