

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G64698

1. Entity Name
T W BUILDERS OF FLORIDA, INC.



Principal Place of Business
28665 JACKS BRANCH RD. S.W.
LABELLE, FL 33935 US

Mailing Address
28665 JACKS BRANCH RD. S.W.
LABELLE, FL 33935 US



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2366421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, ARCHIE
700 E DANIA BCH BLVD
DANIA, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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 _____

Printed Name of Registered Agent (Block 6)

Printed Name of Agent (Block 6)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000009788
02/01/07-80064-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
PD
WILSON, THOMAS
STREET ADDRESS
28665 JACKS BRANCH RD. S.W.
CITY ST ZIP
LABELLE, FL 33935

TITLE
NAME
V
WILSON, CYNTHIA
STREET ADDRESS
28665 JACKS BRANCH RD. S.W.
CITY ST ZIP
LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Wilson *Cynthia Wilson* *V. Pres.*