2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/2

FILED
Mar 12, 2008 8:00 am
Secretary of State
02-20-2008 90008 005 ***150.00

DOCUMENT # K40262

1. Entity Name
TWC DISTRIBUTORS, INC.

66U0J0

Principal Place of Business	Mailing Address
240 FIELD END ROAD SARASOTA, FL 34240	240 FIELD END ROAD SARASOTA, FL 34240

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0080211
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLIGAN, TIMOTHY E
240 FIELD END ROAD
SARASOTA, FL 34240

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLIGAN, TIMOTHY E
STREET ADDRESS	2805 HERMITAGE BLVD
CITY-ST-ZIP	VENICE, FL
TITLE	VD
NAME	MILLIGAN, LEONARD W
STREET ADDRESS	9023 RED CEDAR CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VST
NAME	MILLIGAN, KEVIN A
STREET ADDRESS	9240 MIDNIGHT PASS ROAD, UNIT B
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 3/7/08 941-371-4221
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #