

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25330

Entity Name: T.W.W., INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

% THOMAS W. WADE  
37430 HAPPY LANE  
LADY LAKE, FL 32159

## New Principal Place of Business:

## Current Mailing Address:

% THOMAS W. WADE  
37430 HAPPY LANE  
LADY LAKE, FL 32159

## New Mailing Address:

FEI Number: 59-2978630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WADE, THOMAS W  
37430 HAPPY LANE  
LADY LAKE, FL 32159 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: WADE, THOMAS W  
Address: 37430 HAPPY LN  
City-St-Zip: LADY LAKE, FL 32159

Title: CDVP ( ) Delete  
Name: WADE, SHIRLEY R  
Address: 37420 HAPPY LN  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/CP (X) Change ( ) Addition  
Name: WADE, THOMAS W  
Address: 37430 HAPPY LN  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WADE, DANIEL J  
Address: 3391 W. SILVER SPRING BLVD.,#F  
City-St-Zip: OCALA, FL 34478-261 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W WADE

D/P

05/01/2004

Electronic Signature of Signing Officer or Director

Date