


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M80452	
1. Entity Name T.L.W. BUILDERS, INC.	

Principal Place of Business % THOMAS L. WELLS 3494 RELAY ROAD ORMOND BEACH, FL 32174 US	Mailing Address % THOMAS L. WELLS 3494 RELAY ROAD ORMOND BEACH, FL 32074 US
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DO NOT WRITE IN THIS SPACE

FILED
05 SEP 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. ROBERT



09152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2895049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WELLS, THOMAS L.
3494 RELAY RD
ORMOND BEACH, FL 32174

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WELLS JR., THOMAS L. 3494 RELAY ROAD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WELLS, LISA ANN 3494 RELAY ROAD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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09/30/05--01054--011 **150.00

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: Thomas L. Wells, Jr. Thomas L. Wells, Jr. 9-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386547-3199