

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90069 010 \*\*\*550.00

**DOCUMENT # P00000045954**

1. Entity Name

TWIGGY'S, INC.



Principal Place of Business  
1769 EFLAND TERRACE  
DELTONA FL 32738

Mailing Address  
1769 EFLAND TERRACE  
DELTONA FL 32738



2. Principal Place of Business - No P.O. Box #  
1769 Efland Ter

3. Mailing Address  
P O Box 391090

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number

59-3648804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

Zip  
32738

Country  
USA

Zip  
32739

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEST, LOU A  
1769 EFLAND TERRACE  
DELTONA FL 32738

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

*Lou Ann Best, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*May 30, 2007*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BEST, LOU A  
1769 EFLAND TERRACE  
DELTONA FL 32738 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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V  
MILLER, LALANIA  
403 TEMPLE DR  
SANFORD FL 32771 ☐ Delete

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CITY - ST - ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Lou Ann Best, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 30, 2007 407-312-9718*

Date Daytime Phone #