


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90831 046 \*\*\*150.00

<b>DOCUMENT # P00000087288</b>	
1. Entity Name <b>TWIGS OF NAPLES, INC.</b>	

Principal Place of Business <b>1290 3RD STREET SOUTH NAPLES, FL 34102</b>	Mailing Address <b>1290 3RD STREET SOUTH NAPLES, FL 34102</b>
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2. Principal Place of Business - No P.O. Box # <b>370 2nd St SE</b>	3. Mailing Address <b>370 2nd St SE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34117</b>	Country

**40092120**



04272007 Chg-P CR2E034 (12/06)

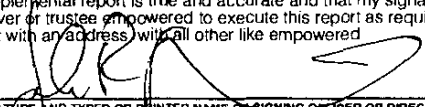
6. Name and Address of Current Registered Agent <b>SPRINKLE, JOHN 370 2ND AVE SE NAPLES, FL 34117</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPRINKLE, PAULETTE</b>		NAME	
STREET ADDRESS <b>370 2ND ST SE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34117</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPRINKLE, JOHN</b>		NAME	
STREET ADDRESS <b>370 2ND ST SE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34117</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE _____ Daytime Phone # _____