

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90023 036 \*\*\*150.00

**DOCUMENT # P01000013561**

1. Entity Name  
TWY GROUP INC.



Principal Place of Business

Mailing Address

16014 N. HWY. 441  
EUSTIS, FL 32726

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EUSTIS, FL 32726

94025715



01112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3694262

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

YADAV, CHANKRAKANT  
104 VISTA AVENUE  
EUSTIS, FL 32726

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME YADAV, CHANDER  
STREET ADDRESS 104 VISTA AVE  
CITY-ST-ZIP TAVARES, FL 32778

TITLE V  
NAME TYAGI, ASHOK  
STREET ADDRESS 745 E. ROSEWOOD LANE  
CITY-ST-ZIP TAVARES, FL 32778

TITLE T  
NAME WADHAWA, RAMKRISHAN  
STREET ADDRESS 419 W ROSEWOOD  
CITY-ST-ZIP TAVARES, FL 32778

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: S. S. Yadav CHANDRAKANT YADAV 03/04/04 (352) 357-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #