

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000013561

1. Entity Name
TWY GROUP INC.



Principal Place of Business

16014 N. HWY. 441
EUSTIS, FL 32726

Mailing Address

16014 N. HWY. 441
EUSTIS, FL 32726

FILED
Apr 11, 2007 08:00 A
Secretary of State



04082007 No Chg-P CR2E034 (11/05)

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, CHANDERKANT
4520 ABACO DR
TAVARES, FL 32778

**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, 2007 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, CHANDERKANT
STREET ADDRESS 4520 ABACO DR
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 WADHWA, RAMKRISHAN
STREET ADDRESS 5015 TREASURE CAY
CITY-ST-ZIP TAVARES, FL 32778

TITLE D
NAME WADHWA, JITENDER
STREET ADDRESS 5015 TREASURE CAY
CITY-ST-ZIP TAVARES, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000700608
04/20/07-80023-016 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #