## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000025487** 

1. Entity Name
TWR CONSULTANTS, INC.



Principal Place of Business

4470 N FRANCES ROAD

LOT X

ST AUGUSTINE, FL 32095

Mailing Address

4470 N FRANCES ROAD

LOT X

DO NOT WRITE IN THIS SPACE

ST AUGUSTINE, FL 32095

## FILED Apr 02, 2007 08:00 AM Secretary of State



03132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3706499

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, THOMAS W DPST 4470 N FRANCES ROAD LOT X ST AUGUSTINE, FL 32095

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its	registered office	e or re	gistered agent, or both,	in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE:	: Registered Agent sig	nature	required when reinstating)	DATE
	Signature, pyed or printed name or registered agent and med	(Fig. 2)				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RICHARDSON, THOMAS W 4470 N FRANCES ROAD LOT X ST AUGUSTINE, FL 32095					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCM RICHARDSON, THOMAS W 4470 N FRANCES ROAD LOT X ST AUGUSTINE, FL 32095					U00000685874 04/09/07-80023-007 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO 1	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		,			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•
TITLE						

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:

STREET ADDRESS CITY+ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

treadente

3/22/07

904813-8673