

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000008535

1. Entity Name
TWIG PRODUCTIONS, INC.



Principal Place of Business
**206 #C2 FOXTAIL DR.
WEST PALM BEACH, FL 33415**

Mailing Address
**206 #C2 FOXTAIL DR.
WEST PALM BEACH, FL 33415**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0815762

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRINKMAN, MUFFETT
206 #C2 FOXTAIL DR.
WEST PALM BEACH, FL 33415**

**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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRINKMAN, MUFFETT
STREET ADDRESS	206 #C2 FOXTAIL DR.
CITY - ST - ZIP	WEST PALM BEACH, FL 33415
TITLE	D
NAME	BRINKMAN, JOYCE
STREET ADDRESS	206 #C2 FOXTAIL DR.
CITY - ST - ZIP	WEST PALM BEACH, FL 33415
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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03/28/05-80021-015 150.00

**DO NOT WRITE
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:

Joyce Brinkman **Joyce Brinkman** **March 15, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #