

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90032 003 ***150.00

DOCUMENT # P03000008664

1. Entity Name
TWIN CITY, INC.



Principal Place of Business
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239

Mailing Address
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239

2. Principal Place of Business
Dunlap & Moran, P.A.

3. Mailing Address
Dunlap & Moran, P.A.

Suite, Apt. #, etc.
1990 Main Street, Ste. 700

Suite, Apt. #, etc.
PO Box 3948

03172005 Chg-P CR2E034 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
51-0442948

Applied For
Not Applicable

Zip
34236

Country
Sarasota

Zip
34230

Country
Sarasota

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

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B ESQ.
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Luzier, Thomas B. Esq.

Street Address (P.O. Box Number is Not Acceptable)
Dunlap & Moran, P.A.

1990 Main Street, Suite 700

City
Sarasota

FL

Zip Code
34236

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

Thomas B. Luzier

3/22/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOODMAN, ANDREW
2074 47TH STREET
SARASOTA, FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Andrew H. Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

351-8195

Daytime Phone #