

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90217 050 ***150.00

DOCUMENT # P03000098930	
1. Entity Name TRW & ASSOCIATES, INC.	

Principal Place of Business 4703 SCHIELDS COURT PLANT CITY, FL 33566 US	Mailing Address 4703 SCHIELDS COURT PLANT CITY, FL 33566 US
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DO NOT WRITE IN THIS SPACE

	
01132006 No Chg-P	CR2E034 (11/05)
4. FEI Number 56-2392642	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

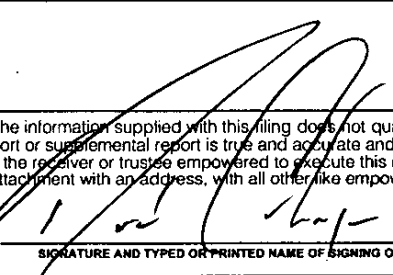
6. Name and Address of Current Registered Agent COCHRAN, DONALD L III 4703 SCHIELDS COURT PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHAGEN, DONALD L III 3419 STEARNS ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. KIM RAIPH 14546 Kael Cielo Tampa, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4/20/06 813-754-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #