

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 05, 2008 8:00 am
Secretary of State**

08-21-2008 90001 022 ****61.25

09-05-2008 90001 016 ****88.75

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

DO NOT WRITE IN THIS SPACE

40115285

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box # 9913 US Highway 41 South		3. Mailing Address 9913 US Highway 41 South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL 33534		City & State Tampa, FL 33534	
Zip 33534	Country US	Zip 33534	Country US

4. FEI Number 56-2392642	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Donald L. Cohagen, III	
Street Address (P.O. Box Number is Not Acceptable) 9913 US Highway 41 South	
City Tampa	FL Zip Code 33534

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

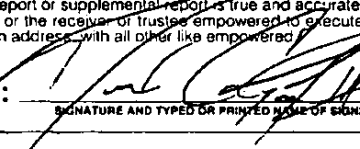
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State**

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 Donald L. Cohagen, III 8113 Revels Road Riverview, FL 33569
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **Donald L. Cohagen, III P** **8-19-2008** **813-754-4114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #