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 #	3. Mailing Address
9913 US Highway 41 South	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	Donald L. Cohagen, III
STREET ADDRESS	8113 Revels Road
CITY-ST-ZIP	Riverview, FL 33569
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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STREET ADDRESS	
CITY-ST-ZIP	
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 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 #