

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90096 005 ***150.00

DOCUMENT # P03000135672

1. Entity Name

TW PLASTERERS, INC.



Principal Place of Business

30359 DATE ROW
BIG PINE KEY FL 33043

Mailing Address

30359 DATE ROW
BIG PINE KEY FL 33043

2. Principal Place of Business

303 59 DATE ROW
Suite, Apt. #, etc.

3. Mailing Address

303 59 DATE ROW
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

BIG PINE KEY FLA

Zip
33043

Country

USA

City & State

BIG PINE KEY FLA

Zip
33043

Country

USA

4. FEI Number

34-1976129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILBOURN, TOMMY
30359 DATE ROW
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

CORY DOSSEY

4/23/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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	D	NO	Delete
NAME	WILBOURN, TOMMY		T.W.
STREET ADDRESS	30359 DATE ROW		
CITY-ST-ZIP	BIG PINE KEY FL 33043		
TITLE	D		Delete
NAME	DOSSEY, CORY		
STREET ADDRESS	30359 DATE ROW		
CITY-ST-ZIP	BIG PINE KEY FL 33043		
TITLE			Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			Delete
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STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

Tom Wilbourn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05

Date

872 9315

Daytime Phone #