

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000145867

1. Entity Name
T & T W, INC.



Principal Place of Business
1091 CASTILE ROAD SE
PALM BAY, FL 32909

Mailing Address
1091 CASTILE ROAD SE
PALM BAY, FL 32909



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2134055

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, TERENCE V
1091 CASTILE ROAD SE
PALM BAY, FL 32909

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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

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	PD
NAME	WOOD, TERENCE V
STREET ADDRESS	1091 CASTILE ROAD SE
CITY - ST - ZIP	PALM BAY, FL 32909
TITLE	VD
NAME	OLAUGHLIN, THOMAS
STREET ADDRESS	115 W SEMINOLE AVE APT 107
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	ST
NAME	WOOD, TIMOTHEA
STREET ADDRESS	1091 CASTILE ROAD SE
CITY - ST - ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/30/05-80011-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/26/05

(321) 952-5159

TERENCE V. WOOD

Date

Daytime Phone #