


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90063 039 ***150.00

DOCUMENT # P04000132749 1. Entity Name TNW CONSTRUCTION SERVICES, INC.					
Principal Place of Business 2339 DAVIS ROAD JACKSONVILLE, FL 32218			Mailing Address PO BOX 16952 JACKSONVILLE, FL 32218		
2. Principal Place of Business 2350 Finley Rd.		3. Mailing Address			
Suite, Apt. #, etc. Jacksonville, FL		Suite, Apt. #, etc.			
City & State 32218 US		City & State			
Zip 32218	Country	Zip	Country		
4. FEI Number 20-1686560			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required.		
6. Name and Address of Current Registered Agent FELIPE, WANEIRA 2339 DAVIS ROAD JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name Waneira Felipe Street Address (P.O. Box Number is Not Acceptable) 2350 Finley Rd. City Jacksonville FL Zip Code 32218		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FELIPE, WANEIRA 2339 DAVIS ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FELIPE, NORBERTO 2339 DAVIS ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>W. Felipe</u>			4/11/05 904-537-3527		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		