


FROM : NU2U

FAX NO. : 2056460463

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000164288					
1. Entity Name TWS HOME REMODELING INC.					
Principal Place of Business 8084 #291 N DAVIS HWY PENSACOLA, FL 32514		Mailing Address 8084 #291 N DAVIS HWY PENSACOLA, FL 32514			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1933776 Applied For Not Applicable	
Zip	County	Zip	County	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, THOMAS 8084 #291 N DAVIS HWY PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name: HOLLAND Y WOODS Street Address (P.O. Box Number is Not Acceptable): 8084 #291 N DAVIS HWY City: PENSACOLA FL Zip Code: 32514	
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: HOLLAND Y WOODS <i>Holland Y Woods</i> DATE: 3/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, THOMAS		NAME	WOODS, HOLLAND Y	
STREET ADDRESS	8084 #291 N DAVIS HWY		STREET ADDRESS	8084 #291 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, HOLLAND Y		NAME	WOODS, LISA Y	
STREET ADDRESS	8084 #291 N DAVIS HWY		STREET ADDRESS	8084 #291 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, DANNY		NAME		
STREET ADDRESS	8084 #291 N DAVIS HWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, AMANDA		NAME		
STREET ADDRESS	8084 #291 N DAVIS HWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: HOLLAND Y WOODS <i>Holland Y Woods</i>		DATE: 3/17/05		Signature Photo #	