

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 036 \*\*\*150.00

DOCUMENT # P05000035035

1. Entity Name

TWIN HORSE, INC.



Principal Place of Business

Mailing Address

2747 53RD AVE, N  
SAINT PETERSBURG FL 33714

6612 23RD STREET NORTH  
ST. PETERSBURG FL 33702

2. Principal Place of Business - No P.O. Box #

TWIN HORSE

3. Mailing Address

6612 23 ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2747 53RD AVE N

City & State

ST PETE FL

City & State

ST PETE FL

Zip

33714

Country

Pinellas

Zip

33702

Country

Pinellas

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2463398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEOPHILOPOULOS, JERRY  
1247 SOUTH PINELLAS AVENUE  
TARPOON SPRINGS FL 34689

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
VELOCCI, AL  
6612 23RD STREET NORTH  
ST. PETERSBURG FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*as Kaban*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-07

Date

727-525-7285

Daytime Phone #