

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030564

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: T&W AUTO REPAIR & SALES, INC.

**Current Principal Place of Business:**

10105 N. FLORIDA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

10105 N. FLORIDA AVE.  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 20-4447350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERA, WILLIAM  
7849 PORTRAIT CT.  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: RIVERA, WILLIAM  
Address: 7849 PORTRAIT CT.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP/S ( ) Delete  
Name: RIVERA, ANTONIO  
Address: 1736 CANOE DR.  
City-St-Zip: LUTZ, FL 33559

Title: T ( ) Delete  
Name: RIVERA, WILLIAM  
Address: 7849 PORTRAIT CT.  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIVERA WILLIAM

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date