

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000083168

1. Entity Name  
TIW, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 28 AM 8:58

Principal Place of Business  
501 DODECANESE BLVD  
TARPON SPRINGS, FL 34689 US

Mailing Address  
501 DODECANESE BLVD  
TARPON SPRINGS, FL 34689 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242008 Chg-P CR2E034 (12/06)

4. FEI Number  
76-0831308

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBARA, BRICE L  
501 DODECANESE BLVD  
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name *Claudia Schwarz*

Street Address (P.O. Box Number is Not Acceptable)

*501 Dodecanese Blvd.*

City *Tarpon Springs,*

FL

Zip Code *34689*

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 *Claudia Schwarz* *Claudia Schwarz* *President* *10/24/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SCHWARZ, CLAUDIA ☐ Delete  
STREET ADDRESS 501 DODECANESE BLVD  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE VP  
NAME BRICE, BARBARA L ☒ Delete  
STREET ADDRESS 501 DODECANESE BLVD  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200137366002  
10/28/08--01022--005 \*\*70.00 ☐ Change ☐ Addition

TITLE VP  
NAME *Schwarz, Begnner* ☒ Change ☐ Addition  
STREET ADDRESS *501 Dodecanese Blvd.*  
CITY-ST-ZIP *Tarpon Springs, FL 34689*

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Claudia Schwarz* *Claudia Schwarz* *10/24/08* *(727) 942-7547*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

T. Roberts OCT 31 2008