


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90095 043 ***150.00

DOCUMENT # P06000085207	
1. Entity Name TWG CLUB SERVICES COMPANY	

Principal Place of Business 1200 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432	Mailing Address 1200 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 611 S FORT HARRISON	3. Mailing Address 611 S FORT HARRISON
Suite, Apt. #, etc. STE 263	Suite, Apt. #, etc. STE 263

City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33756	Country



02162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GIESEN, ROBERT P 1200 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432	
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4. FEI Number 56-2598628	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.	
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SIGNATURE: <u>William V. W. W. W. W.</u>	Date <u>3-15-07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>