## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2008 08:00 AN Secretary of State

DOCUMENT	# P06000085207

Entity Name

TWG CLUB SERVICES COMPANY



Principal Place of Business

611 S. FORT HARRISON

SUITE 263 CLEARWATER, FL 33756 Mailing Address

611 S. FORT HARRISON

SUITE 263 CLEARWATER, FL 33756

## DO NOT WRITE IN THIS SPACE

02132008 No Chg-P C

CR2E034 (11/05)

4. FEI Number 56-2598628

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GIESEN, ROBERT P 1200 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the pations of registered agent	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	Applicable (NOIE Sequetorar	d Agent signature required when reinstating)	DATE
		approact. (NOTE: Negative:	7 Agent and rations required when the ration (g)	1
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	3	Make a second se
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANESS, WILLIAM 1071 DONEGAN RD., 1507 LARGO, FL 33771		And the second of the second o	U00000857832
TITLE NAME STREET ADDRESS CITY-SI-ZIP	·			UA/U1/U8-80U2U-UUS 150.UU
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				

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

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

02-13-08

Daytime Phone i