

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070889

Entity Name: TWISTED WRISTA INC

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

2233 BANCROFT CIRCLE NORTH  
UNIT B  
PALM HARBOR, FL 34683 US

## New Principal Place of Business:

4912 OLD VILLAGE WAY  
OLDSMAR, FL 34677 US

## Current Mailing Address:

2233 BANCROFT CIRCLE NORTH  
UNIT B  
PALM HARBOR, FL 34683 US

## New Mailing Address:

4912 OLD VILLAGE WAY  
OLDSMAR, FL 34677 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TENNANT, WILLIAM  
2233 BANCROFT CIRCLE NORTH  
UNIT B  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

TENNANT, WILLIAM  
4912 OLD VILLAGE WAY  
OLDSMAR, FL 34677 US

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:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, BRETT  
Address: 214 LEXINGTON STREET  
City-St-Zip: OLDSMAR, FL 34677 US

Title: VP ( ) Delete  
Name: BOYETTE, JAMES  
Address: 17314 HUBERS COURT  
City-St-Zip: ODESSA, FL 33556 US

Title: S (X) Delete  
Name: BOYETTE, MICHAEL  
Address: 17314 HUBERS COURT  
City-St-Zip: ODESSA, FL 33556 US

Title: T (X) Delete  
Name: TENNANT, WILLIAM  
Address: 2233 BANCROFT CIRCLE NORTH UNIT B  
City-St-Zip: PALM HARBOR, FL 34683 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition  
Name: ANDERSON, BRETT  
Address: 214 LEXINGTON STREET  
City-St-Zip: OLDSMAR, FL 34677 US

Title: V/T (X) Change ( ) Addition  
Name: TENNANT, WILLIAM  
Address: 4912 OLD VILLAGE WAY  
City-St-Zip: OLDSMAR, FL 34677 US

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: WILLIAM TENNANT

V/T

03/17/2009

Electronic Signature of Signing Officer or Director

Date