

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**DOCUMENT #** P09000024495

**1. Entity Name**  
Tightly Wrapped Custom Shrinkwrapping Inc.

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FILED

11 MAY 31 AM 11:33

2009 MAY 31 PM 11:33  
TALLAHASSEE, FL

**2. Principal Place of Business - No P.O. Box #**  
695 A Cypress Drive

**3. Mailing Address**  
695 A Cypress Drive

Suite, Apt. #, etc. A

CR2E034B (1/11)

**City & State**  
Merritt Island FL

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Merritt Island FL

**Zip** 32952 **Country** U.S.A

**4. FEI Number**  
26-4481261

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Thomas R. Williams JR

**Street Address (P.O. Box Number is Not Acceptable)**  
4065 Leona Court

**City** Merritt Island **FL** **Zip Code** 32952

**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** Thomas R. Williams JR **DATE** 5/23/11

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$650.00**  
**Amended AR is \$61.28**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**E-mail Address:**  
Tightlywrapped@10400.com  
**E-mail address to be used for future annual report notices.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <u>President</u>	<b>NAME</b> <u>Thomas R. Williams JR</u>
<b>STREET ADDRESS</b> <u>4065 Leona Court</u>	<b>CITY - ST - ZIP</b> <u>M.I. FL 32952</u>
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>
<b>STREET ADDRESS</b> <u></u>	<b>CITY - ST - ZIP</b> <u></u>
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>
<b>STREET ADDRESS</b> <u></u>	<b>CITY - ST - ZIP</b> <u></u>
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>
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<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>
<b>STREET ADDRESS</b> <u></u>	<b>CITY - ST - ZIP</b> <u></u>

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400207326384  
05/06/11--01045--009 \*\*150.00

**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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.**

**SIGNATURE:** [Signature] **DATE** 5/23/11 **Daytime Phone #** 321-403-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/11