

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90112 026 \*\*\*150.00

DOCUMENT # P92000014532

1. Entity Name

TRANSWORLD IMPORT/EXPORT SERVICES, INC.



Principal Place of Business

4115 W SPRUCE ST  
TAMPA, FL 33607 US

Mailing Address

4115 W SPRUCE ST  
TAMPA, FL 33607 US

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3156887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W  
~~400 N TAMPA STREET~~  
~~STE 2000~~  
~~TAMPA, FL 33602~~  
GOODWIN, JAMES W. ESQ  
MACFARLENE FERGUSON &  
MCMULLEN  
ONE TAMPA CITY CENTER  
SUITE 2000  
TAMPA, FL 33602

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLASS, A.L. SKIP II
STREET ADDRESS	4115 W SPRUCE ST
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #