

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000039998

1. Entity Name

TREWORGY ENTERPRISES, INC.



Principal Place of Business

5445 WILLIAMSBURG RD  
PUNTA GORDA FL 33982  
US

Mailing Address

5445 WILLIAMSBURG RD  
PUNTA GORDA FL 33982  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TREWORGY, RICK  
5445 WILLIAMSBURG DR  
PUNTA GORDA FL 33982

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  Added to Fees

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change

Addition

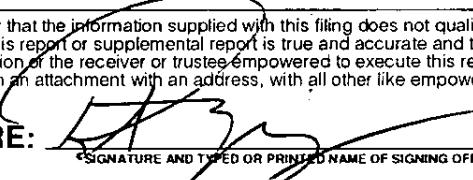
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
TREWORGY, RICK  
28062-A MITCHELL  
PUNTA GORDA FL 33950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED  
Feb 01, 2005 8:00 am  
Secretary of State

02-01-2005 90056 001 \*\*\*450.00

66000744



1st MOORE CR2E034 (10/04)

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

9. Election Campaign Financing  
Trust Fund Contribution.  Added to Fees

\$5.00 May Be  
Added to Fees

1/25/05

Daytime Phone #