


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P94000041358 1. Entity Name TW REMINGTON, INC. |  |
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| Principal Place of Business 1420 E ROBINSON STREET ORLANDO, FL 32801 US | Mailing Address PO BOX 2501 ORLANDO, FL 32802 US |
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEL Number 59-3246539 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WEBB, JOHN L
1312 COUNTRY LN
ORLANDO, FL 32804

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D TRAMELL, JOE B 720 N RIO GRANDE AVE ORLANDO, FL 32806 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D WEBB, JOHN L 1312 COUNTRY LN ORLANDO, FL 32804 |
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02/03/05-80028-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05