

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90069 037 ***150.00

DOCUMENT # P94000052949

1. Entity Name
T F W SALES, INC.



Principal Place of Business
**1605 SW 20TH AVE.
BOCA RATON, FL 33486**

Mailing Address
**1605 SW 20TH AVE.
BOCA RATON, FL 33486**

24033614



2. Principal Place of Business

2101 KNITTLE CR.

3. Mailing Address

Suite, Apt. #, etc.

03302004

Chg-P

CR2E034 (10/03)

City & State

NEW SMYRNA BEACH, FL

City & State

Zip

Country

Country

4. FEI Number

09-6000070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINEBERG, LIBO B
3500 GATEWAY DR.
SUITE 201
POMPANO BEACH, FL 33069**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
WERKING, PATRICIA R
1605 SW 20TH AVE.
BOCA RATON, FL 33486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
WERKING, PATRICIA R.
2101 KNITTLE CR.
NEW SMYRNA BEACH, FL 32168**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
WERKING, RALEIGH R
1605 SW 20TH AVE.
BOCA RATON, FL 33486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
WERKING, RALEIGH
2101 KNITTLE CR.
NEW SMYRNA BEACH, FL 32168**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
FINEBERG, LIBO B
3500 GATEWAY DR., SUITE 201
POMPANO BEACH, FL 33069**

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Addition

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:

RALEIGH WERKING, VP

Date

Daytime Phone #

3/30/04 386-9279259