

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000052949**

1. Entity Name  
T F W SALES, INC.



Principal Place of Business  
2101 KNITTLE CR.  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
2101 KNITTLE CR.  
NEW SMYRNA BEACH, FL 32168



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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

*Patricia Wink*

2-22-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000242482

**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

03/11/08-80033-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	WERKING, PATRICIA R
STREET ADDRESS	2101 KNITTLE CR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VS
NAME	WERKING, RALEIGH R
STREET ADDRESS	2101 KNITTLE CR.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VAS
NAME	FINEBERG, LIBO B
STREET ADDRESS	3500 GATEWAY DR., SUITE 201
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Raleigh Werking, Jr.*

2/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #