


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90027 012 \*\*\*150.00

**DOCUMENT # P94000079844**  
 1. Entity Name  
 T.C.W. OF PORT CHARLOTTE, INC.



Principal Place of Business: 4820 TAMiami TRAIL, PORT CHARLOTTE, FL 33980  
 Mailing Address: 4820 TAMiami TRAIL, PORT CHARLOTTE, FL 33980

94041139



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

02042004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0530691  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: NEEDHAM, PHUONG, 4820 TAMiami TRAIL, PORT CHARLOTTE, FL 33980  
 7. Name and Address of New Registered Agent: 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: \_\_\_\_\_ (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: P NAME: NEEDHAM, DUANE P STREET ADDRESS: 21051 LAWSON AVE. CITY-ST-ZIP: PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: NEEDHAM, PHUONG STREET ADDRESS: 21051 LAWSON AVE. CITY-ST-ZIP: PORT CHARLOTTE, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Duane Needham President Date: 3/29/04 Daytime Phone #: 941-625-9825

Duane Needham