

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 048 ***150.00

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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

40017703



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

TITLE P
NAME NEEDHAM, DUANE P
STREET ADDRESS 21051 LAWSON AVE.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE
NAME ~~NEEDHAM, PHUONG~~
STREET ADDRESS ~~21051 LAWSON AVE.~~
CITY-ST-ZIP ~~PORT CHARLOTTE, FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/05

941-625-9825