

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 030 ***150.00

DOCUMENT # P95000012853

1. Entity Name

T R D W, INC.



Principal Place of Business

20855 SW 36TH ST
WESTON FL 33332
US

Mailing Address

20855 SW 36TH ST
WESTON FL 33332
US

2. Principal Place of Business

20701 STIRLING ROAD

Suite, Apt. #, etc.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

← SAME

Zip

33332

Country

US

Zip

← SAME

Country

← SAME

4. FEI Number

65-0565788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKLEY, WAYNE D
20855 SW 36TH ST
WESTON FL 33332

7. Name and Address of New Registered Agent

Name

Street

NEW ADDRESS:

20701 Stirling Road

Pembroke Pines, FL 33332

City

954-680-8005 FAX 954-680-8692

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WEEKLEY, WAYNE D
STREET ADDRESS 4840 S.W. 188TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE D ☐ Delete
NAME WEEKLEY, DANIEL D.
STREET ADDRESS 5321 SW 199TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33332

TITLE D ☐ Delete
NAME WEEKLEY, TROY L.
STREET ADDRESS 4931 SW 198TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 954-680-8005

Date

Daytime Phone #