2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000035935

1. Entity Name
TWOMTGS, INC.

Principal Place of Business
1338 S.W. SR 47
LAKE CITY, FL 32025

Mailing Address
1338 S.W. SR 47
LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3304212
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, ALVIN L
36 OAK AVENUE
PANAMA CITY, FL 32401

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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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCOFIELD, ROYCE
STREET ADDRESS	2672 FEROL LANE
CITY ST ZIP	LYNN HAVEN, FL 32444
TITLE	P
NAME	GRANTHAM, GREGORY
STREET ADDRESS	340 W 23RD ST
CITY ST ZIP	PANAMA CITY, FL 32405
TITLE	VP
NAME	TAJMAJER, WALTER
STREET ADDRESS	26757 CASH COURT
CITY ST ZIP	LEESBURG, FL 34748
TITLE	S
NAME	MASSINGILL, SHARON
STREET ADDRESS	1338 S.W. SR 47
CITY ST ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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06/02/05-80002-011 150.00

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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: Sharon Massingill Sec SHARON MASSINGILL SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #