

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 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**



04172006 No Chg-P CR2E034 (11/05)

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  
38 OAK AVENUE  
PANAMA CITY, FL 32401**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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	28757 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	

U00000522314  
05/03/06-80024-003 150.00

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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:**

*Sharon Massingill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06