

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90012 033 ***150.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

PETERS, ALVIN L
25 EAST 8TH STREET
PANAMA CITY FL 32401

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME SCOFIELD, ROYCE
STREET ADDRESS 2672 FEROL LANE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

☐ Change ☐ Addition

P
NAME GRANTHAM, GREGORY
STREET ADDRESS 340 W 23RD ST
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

☐ Change ☐ Addition

VP
NAME TAJMAJER, WALTER
STREET ADDRESS 26757 CASH COURT
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

☐ Change ☐ Addition

S
NAME MASSINGILL, SHARON
STREET ADDRESS 581 SW GRADE ST
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

☒ Change ☐ Addition
581 S.W. GRADE ST.

D
NAME MYERS, JOHN
STREET ADDRESS 496 SW IRIS COURT
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, SHARON MASSINGILL 3/11/08 3867523928
SEC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #