

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90021 035 \*\*\*150.00

**DOCUMENT # P95000079382**

1. Entity Name  
**TWYLA PRODUCTIONS CORPORATION**



Principal Place of Business  
1044 NW 6TH AVE  
HOMESTEAD, FL 33030 US

Mailing Address  
1044 NW 6TH AVE  
HOMESTEAD, FL 33030 US

03031010

2. Principal Place of Business  
**2815 KO BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**2815 KO BLVD**  
Suite, Apt. #, etc.



03312004 Chg-P CR2E034 (10/03)

City & State  
**LAKELAND FL**  
Zip Country  
**33809 Polk**

City & State  
**LAKELAND FL**  
Zip Country  
**33809 Polk**

4. FEI Number  
**65-0613813** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNAL, JORGE A**  
1044 NW 6TH AVE  
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

Name **BERNAL, JORGE A**  
Street Address (P.O. Box Number is Not Acceptable)  
**2815 KO BLVD**  
City **LAKELAND FL** Zip Code **33809**

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 (NOTE: Registered Agent signature required when reinstating)

**4-5-04**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BERNAL, JORGE A</b> 1044 NW 6TH AVE HOMESTEAD, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <b>BOOKER, TWYLA R</b> 1044 NW 6TH AVE HOMESTEAD, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2815 KO BLVD</b> <b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2815 KO BLVD</b> <b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**4-5-04** **863.859-6690**  
Date Daytime Phone #