


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000010034**

1. Entity Name  
**TWILITE ZONE, INC.**



Principal Place of Business      Mailing Address

**11150 OKEECHOBEE BLVD.  
 #L  
 ROYAL PALM BEACH FL 33411  
 US**


**16086 GOLD CUP DRIVE EAST  
 LOXAHATCHEE FL 33470**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**65-0653542**       Not Applicable

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

6. Name and Address of Current Registered Agent

**LOUGHRAN, GEORGE W  
 16086 GOLD CUP DRIVE EAST  
 LOXAHATCHEE FL**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | D                         | <input type="checkbox"/> Delete |
| NAME            | LOUGHRAN, GEORGE W        |                                 |
| STREET ADDRESS  | 16086 GOLD CUP DRIVE EAST |                                 |
| CITY - ST - ZIP | LOXAHATCHEE FL 33470      |                                 |
| TITLE           | D                         | <input type="checkbox"/> Delete |
| NAME            | FITZPATRICK, RUTH C       |                                 |
| STREET ADDRESS  | 13355 58TH CT. N.         |                                 |
| CITY - ST - ZIP | WEST PALM BEACH FL 33411  |                                 |
| TITLE           |                           | <input type="checkbox"/> Delete |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> Delete |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> Delete |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

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 02/09/05-80045-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DATE: 1/31/2005      561-753-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #