

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010034

Entity Name: TWILITE ZONE, INC.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

11150 OKEECHOBEE BLVD  
#L  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

16086 GOLD CUP DRIVE EAST  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 65-0653542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOUGHRAN, GEORGE W  
16086 GOLD CUP DRIVE EAST  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LOUGHRAN, GEORGE W  
Address: 16086 GOLD CUP DRIVE EAST  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D      ( ) Delete  
Name: FITZPATRICK, RUTH C  
Address: 13355 58TH CT. N.  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE W. LOUGHRAN

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date