

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073186

Entity Name: TWISTY CONE, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1615 GEORGIA ST NE
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

1615 GEORGIA ST NE
PALM BAY, FL 32907 US

New Mailing Address:

FEI Number: 59-3397749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M
1686 W HIBISCUS BLVD
MELBOURNE, FL 32901 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: PS () Delete
Name: THARP, MICHELLE
Address: 3325 MEADOWRIDGE DR
City-St-Zip: MELBOURNE, FL 32901

Title: VT () Delete
Name: THARP, STEPHEN
Address: 3325 MEADOWRIDGE DR
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: THARP, MICHELLE
Address: 1677 SIENNA DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: VT (X) Change () Addition
Name: THARP, STEPHEN
Address: 1677 SIENNA DRIVE
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELLE THARP

PS

04/30/2004

Electronic Signature of Signing Officer or Director

Date