

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90251 003 ***150.00

DOCUMENT # P97000055Q24

1. Entity Name
TWR, INC.



Principal Place of Business

Mailing Address

**1689 S.E. HARP LANE
 PORT ST. LUCIE FL 34983**

**1689 S.E. HARP LANE
 PORT ST. LUCIE FL 34983**

14000000



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

402 SW LUCERO DR

402 SW LUCERO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST LUCIE, FL

PORT ST LUCIE, FL

4. FEI Number **65-0762760**

Applied For

Not Applicable

Zip **34983**

Country **USA**

Zip **34983**

Country **USA**

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

**ROACH, THOMAS
 1689 S.E. HARP LANE
 PORT ST. LUCIE FL 34983**

Name **ROACH THOMAS**

Street Address (P.O. Box Number is Not Acceptable)
402 SW LUCERO DR

City **PORT ST LUCIE, FL** Zip Code **34983**

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 reinstating)

DATE **3/1/05**

DATE

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **POWELL, LEONARD J JR**
 STREET ADDRESS **AIROSO BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **D** Change Addition
 NAME **TREVINGRIMALDI**
 STREET ADDRESS **1689 SE HARP LN**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE **P** Delete
 NAME **ROACH, THOMAS**
 STREET ADDRESS **1689 SE HARP LN**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **P** Change Addition
 NAME **THOMAS ROACH**
 STREET ADDRESS **402 SW LUCERO DR**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE **VP** Delete
 NAME **GRIMALDI, LAURA**
 STREET ADDRESS **1689 SE HARP LN**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SAILORS, PAMELA**
 STREET ADDRESS **402 SW LUCERO DR**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date **4/23/05**

Daytime Phone # **772-871-2702**