


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000078128 1. Entity Name PARTNERS IN TWINE, INC.	
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Principal Place of Business 15541 WOODWAY DR TAMPA, FL 33613 US	Mailing Address 15541 WOODWAY DR TAMPA, FL 33613 US
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0779630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEPHENS, ROBERT D SR 15541 WOODWAY DR TAMPA, FL 33613

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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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STEPHENS, ROBERT D SR 15541 WOODWAY DR TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FEWER-STEPHENS, IRIS E 15541 WOODWAY DR TAMPA, FL 33613
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert D. Stephens Sr. 2-10-2008(813) 908-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #