

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90101 021 ***150.00

DOCUMENT # P98000020186 1. Entity Name TWEETYJILL PUBLICATIONS, INC.					
Principal Place of Business 3288 WALTER TRAVIS DR SARASOTA, FL 34240 US			Mailing Address PMB 412 5824 BEE RIDGE RD SARASOTA, FL 34233 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0817330	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FETTERMAN, JAMES C 4521 BEE RIDGE RD STE A SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) City	
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 _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				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 (If 11)	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HAGLUND, JILL A 3288 WALTER TRAVIS DRIVE SARASOTA, FL 34240	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TD WIESSMER, KAREN A 357 SE 90 ST OCALA, FL 34480	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	CEO HAGLUND, ROBIN J 3288 WALTER TRAVIS DR. SARASOTA, FL 34240	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HAGLUND, GORDON W 2833 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(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 a different title empowered.					
SIGNATURE: <u>ROBIN J. HAGLUND</u> 3-31-05 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ROBIN J. HAGLUND CEO