## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P99000090270 Entity Name TWI - NORTH, INC. Principal Place of Business Mailing Address 17200 TAMIAMI TR. P.O. BOX 4357 PUNTA GORDA, FL 33955 N. FORT MYERS, FL 33918 CR2E034 (10/03) 02192004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0961614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Feb Required 6. Name and Address of Current Registered Agent DUNCAN, GORDON R 1601 JACKSON ST., STE. 101 DO NOT WRITE FT. MYERS, FL 33901 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000124152 $\Box$ Trust Fund Contribution. Added to Fees /22/04-80033-023 150\_00 OFFICERS AND DIRECTORS 10. PSD BILLE STINZI, ROBERT E NAME 17200 TAMIAMI TR. STREET ADDRESS CITY-ST-78P PUNTA GORDA, FL 33955 BILE SALTERS, SHERRI MARKE STREET ADDRESS 17200 TAMIAMI TR. CHY-ST-ZIP PUNTA GORDA, FL 33955 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TETLE NAME STREET ADDRESS CITY - ST - ZIP 3138 F NAME

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 supplierpental report is true and accurate and that my signature shell have the same legal effect as if made under cath; 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 a address. The all other that my name appears in Block 10 or Block 11 if

NING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED**