

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90287 047 ***150.00

DOCUMENT # P99000101537

1. Entity Name
TORCHWOOD, INC.



Principal Place of Business
**45 COASTAL OAKS CIRCLE
PONCE INLET, FL 32127**

Mailing Address
**45 COASTAL OAKS CIRCLE
PONCE INLET, FL 32127**

14017404



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3612026

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARDS, DARREN
45 COASTAL OAKS CIRCLE
PONCE INLET, FL 32127**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/2005
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARDS, DARREN
STREET ADDRESS	45 COASTAL OAKS CIRCLE
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	ST
NAME	RICHARDS, MARIE
STREET ADDRESS	45 COASTAL OAKS CIRCLE
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/30/2005
Date

386-527-2411
Daytime Phone #