

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 741782 1. Entity Name TWO BY TWO, INC.	
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Principal Place of Business 3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES, FL 34103 US	Mailing Address 3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES, FL 33942 US
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1988343	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRAUN, MARY REZNOR 197 SILVERADO DRIVE NAPLES, FL 34119
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, ELINOR 2088 ALAMANDA DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BRAUN, MARY 197 SILVERADO DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MELLINGER, ED C/O 2096 ALAMANDA DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000293332
04/08/05-80024-015 61.25

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 617, 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: 	4-05-05 139348161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #