

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 741782

1. Entity Name
TWO BY TWO, INC.



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**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORD, ELINOR
STREET ADDRESS	2088 ALAMANDA DR
CITY-ST-ZIP	NAPLES, FL
TITLE	SDT
NAME	BRAUN, MARY
STREET ADDRESS	4980 TAMARIND RIDGE DR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VPD
NAME	MELLINGER, ED
STREET ADDRESS	C/O 2096 ALAMANDA DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
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 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Richard A. Gorga, CPA P.O.A. 4/23/08 239-434-5529