

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L07673

FILED
Feb 04, 2005
Secretary of State

Entity Name: THEO TWO CORP.

Current Principal Place of Business:

3416 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4001 NEBERRY ROAD
D-4
GAINESVILLE, FL 32607 US

New Mailing Address:

4001 NEWBERRY ROAD
D-4
GAINESVILLE, FL 32607 US

FEI Number: 59-2967712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEONARD, WILLIAM ROBERT
633 SOUTH ANDREWS AVE
SUITE 402
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEONARD, WILLIAM ROB, ERT
Address: 4875 N. FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL

Title: O () Delete
Name: THEOHARIS, BILLIE,
Address: 3036 N. ATLANTIC BLVD.
City-St-Zip: FT. LAUD, FL 33311,

Title: O () Delete
Name: THEOHARIS, GEORGE,
Address: 3036 N. ATLANTIC BLVD.
City-St-Zip: FT LAUD, FL

Title: O () Delete
Name: THEOHARIS, CON,
Address: 9839 SW 33RD LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: O () Delete
Name: THEOHARIS, JIM,
Address: 2020 SW WACHAHOOTA ROAD
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CON THEOHARIS

O

02/04/2005

Electronic Signature of Signing Officer or Director

_____ Date