


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L07673**  
 1. Entity Name  
 THEO TWO CORP.



Principal Place of Business  
 3416 SW ARCHER ROAD  
 GAINESVILLE, FL 32608

Mailing Address  
 4007 NEWBERRY ROAD  
 D-4  
 GAINESVILLE, FL 32607 US

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2967712	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

LR00000419164  
 02/14/06-00037-004 150.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEONARD, WILLIAM ROBERT
STREET ADDRESS	4875 N. FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	O
NAME	THEOHARIS, BILLIE
STREET ADDRESS	3036 N. ATLANTIC BLVD.
CITY-ST-ZIP	FT. LAUD, FL 33311.
TITLE	O
NAME	THEOHARIS, GEORGE
STREET ADDRESS	3036 N. ATLANTIC BLVD.
CITY-ST-ZIP	FT LAUD, FL
TITLE	O
NAME	THEOHARIS, CON
STREET ADDRESS	9839 SW 33RD LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	O
NAME	THEOHARIS, JIM
STREET ADDRESS	2020 SW WACHAHOOTA ROAD
CITY-ST-ZIP	MICANOPY, FL 32667
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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Con Theoharis** 1/24/06 352-375-2690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #