


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L07673 1. Entity Name THEO TWO CORP. |  |
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| Principal Place of Business 3416 SW ARCHER ROAD GAINESVILLE, FL 32608 | Mailing Address 4001 NEWBERRY ROAD D-4 GAINESVILLE, FL 32607 US |
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02242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-2967712 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000841448
 03/10/08-80014-018 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEONARD, WILLIAM ROBERT 4875 N. FEDERAL HWY FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O THEOHARIS, BILLIE 3036 N. ATLANTIC BLVD. FT. LAUD, FL 33311, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O THEOHARIS, GEORGE 3036 N. ATLANTIC BLVD. FT LAUD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O THEOHARIS, CON 9839 SW 33RD LANE GAINESVILLE, FL 32608 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O THEOHARIS, JIM 2020 SW WACHAHOOTA ROAD MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Con Theoharis Con Theoharis 2/22/08 352-375-2690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #