

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069295

FILED
Feb 11, 2005
Secretary of State

Entity Name: PHASE TWO, INC.

Current Principal Place of Business:

13365 OVERSEAS HWY.
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

PO BOX 624
COLDWATER, MI 49036

New Mailing Address:

FEI Number: 03-0472955 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D
9711 OVERSEAS HIGHWAY
MARATHON, FL 33050 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: P () Delete
Name: AVRA, LONNIE
Address: 58385 MORTON STREET
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: AVRA, LONNIE
Address: 58385 MORTON STREET
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: AVRA, LONNIE
Address: 58385 MORTON STREET
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: AVRA, LONNIE
Address: 58385 MORTON STREET
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: AVRA, LONNIE
Address: 58385 MORTON STREET
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: AVRA, LONNIE
Address: 58385 MORTON STREET
City-St-Zip: MARATHON, FL 33050

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:

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: LONNIE AVRA

P

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date