

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000081961

1. Entity Name  
 CANTONMENT TWO, INC.



Principal Place of Business  
 516 LAKEVIEW ROAD  
 UNIT 8  
 CLEARWATER, FL 33756

Mailing Address  
 516 LAKEVIEW ROAD  
 UNIT 8  
 CLEARWATER, FL 33756



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3534378 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F  
 516 LAKEVIEW ROAD  
 UNIT 8  
 CLEARWATER, FL 33756

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPST  
 NAME FLYNN, THOMAS F  
 STREET ADDRESS 516 LAKEVIEW ROAD - UNIT 8  
 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE VPD  
 NAME FLYNN, KEVIN T  
 STREET ADDRESS 516 LAKEVIEW RD #8  
 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

100000041127  
 02/09/04-80078-002 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kevin T. Flynn Kevin T. Flynn, Vice President 1/16/04 727-449-1182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #