

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 371047	
1. Entity Name TWO-T CORPORATION	

Principal Place of Business 72 S.E. AVENUE E. P.O. BOX 1390 BELLE GLADE FL 33430	Mailing Address 72 S.E. AVENUE E. P.O. BOX 1390 BELLE GLADE FL 33430
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1368448	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
THOMPSON JR, CURTIS A 1040 S.E. 3RD STREET BELLE GLADE FL 33430

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

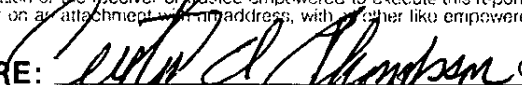
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	THOMPSON JR, CURTIS A
STREET ADDRESS	72 S.E. AVENUE E
CITY- ST- ZIP	BELLE GLADE FL
TITLE	TD ☐ Delete
NAME	THOMPSON, CURTIS A
STREET ADDRESS	BOX 2227
CITY- ST- ZIP	CLEWISTON FL 33440
TITLE	VPD ☐ Delete
NAME	THOMPSON, FRANK A
STREET ADDRESS	216 7TH AVE NE
CITY- ST- ZIP	ST. PETERSBURG FL 33704
TITLE	SD ☐ Delete
NAME	THOMPSON, JANE M.
STREET ADDRESS	1040 S.E. 3RD STREET
CITY- ST- ZIP	BELLE GLADE FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000888140
04/22/08-80002-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.

SIGNATURE:  **Curtis A. Thompson** **48-08 561-996-5264**