


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90010 023 \*\*\*163.75

<b>DOCUMENT # F03000000842</b> 1. Entity Name <b>TWO FOR FUN, INC.</b>			
Principal Place of Business <b>1710 WEKIVA DR. MELBOURNE, FL 32940</b>		Mailing Address <b>1710 WEKIVA DR. MELBOURNE, FL 32940</b>	
2. Principal Place of Business <b>1225 Bolle circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>1225 Bolle circle</b> Suite, Apt. #, etc.	
City & State <b>Rockledge, FL</b> Zip <b>32955</b>		City & State <b>Rockledge, FL</b> Zip <b>32955</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>52-2057055</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALKER, CAROL D 1710 WEKIVA DR. MELBOURNE, FL 32940</b>		7. Name and Address of New Registered Agent Name <b>Cappillette, CAROL D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1225 Bolle circle</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</b>	
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 <u><i>Carol D. Cappillette</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPTD WALKER, ERNEST D SR 1710 WEKIVA DR. MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>CPTD WALKER, ERNEST D SR 1710 WEKIVA DR. MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete	<b>CPTD Cappillette, ERNEST D. 1225 Bolle circle Rockledge, FL 32955</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VVS WALKER, CAROL D 1710 WEKIVA DR. MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>VVS WALKER, CAROL D 1710 WEKIVA DR. MELBOURNE, FL 32940</b>	<input checked="" type="checkbox"/> Delete	<b>VVS Cappillette, CAROL D. 1225 Bolle circle Rockledge, FL 32955</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Carol D. Cappillette</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>8/16/05</b> <b>321-639-3274</b> Date Daytime Phone #	