2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000842

1. Entity Name
TWO FOR FUN, INC.

Principal Place of Business	Mailing Address
1225 BOLLE CIRCLE ROCKLEDGE, FL 32955 US	1225 BOLLE CIRCLE ROCKLEDGE, FL 32955 US

DO NOT WRITE IN THIS SPACE

04032006   No Chg-P   CR2E034 (11/05)

4. FEI Number 52-2057055	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPILLETTIE, CAROL D
1225 BOLLE CIRCLE
ROCKLEDGE, FL 32955

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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 _Carol D Cappillettie_   DATE 04/06/03

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	CPTD
NAME	CAPPILLETTIE, ERNEST D
STREET ADDRESS	1225 BOLLE CIRCLE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VVS
NAME	CAPPILLETTIE, CAROL D
STREET ADDRESS	1225 BOLLE CIRCLE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _ERNEST D. Cappillettie_   4/6/06   321-639-3274

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