

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000000842

1. Entity Name
TWO FOR FUN, INC.



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

Mailing Address
1225 BOLLE CIRCLE
ROCKLEDGE, FL 32955 US



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2057055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPILLETTIE, CAROL D
1225 BOLLE CIRCLE
ROCKLEDGE, FL 32955

**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 remitting)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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CITY- ST- ZIP	

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05/12/08-80026-005 150.00

**DO NOT WRITE
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 4/21/08 321-639-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #