


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07673</b>	
1. Entity Name THEO TWO CORP.	

Principal Place of Business 3416 SW ARCHER ROAD GAINESVILLE, FL 32608	Mailing Address 4001 NEWBERRY ROAD D-4 GAINESVILLE, FL 32607 US
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01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2967712	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEONARD, WILLIAM ROBERT 633 SOUTH ANDREWS AVE SUITE 402 FT. LAUDERDALE, FL 33301
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**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 \_\_\_\_\_

**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

UNIQUE 1419164  
02/14/06-00037-004 150.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, WILLIAM ROBERT 4875 N. FEDERAL HWY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O THEOHARIS, BILLIE 3036 N. ATLANTIC BLVD. FT. LAUD, FL 33311.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O THEOHARIS, GEORGE 3036 N. ATLANTIC BLVD. FT LAUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O THEOHARIS, CON 9839 SW 33RD LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O THEOHARIS, JIM 2020 SW WACHAHOOTA ROAD MILCANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **Con Theoharis** 1/24/06 352-375-2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #