


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L07673 1. Entity Name THEO TWO CORP.	
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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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02242008 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 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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000841448 03/10/08-80014-018 150.00
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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 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* *Con Theoharis* 2/22/08 352-375-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if