

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-28-2005 90054 017 ***150.00

DOCUMENT # M96201

1. Entity Name
ONE TWO VICTOR, INC.



Principal Place of Business
**717 S NEWPORT
TAMPA, FL 33606-9932**

Mailing Address
**717 S NEWPORT
TAMPA, FL 33606-9932**

66011570



2. Principal Place of Business
2633 CAUSEWAY BLVD
Suite, Apt. #, etc.

3. Mailing Address
Box 5777
Suite, Apt. #, etc.

03042005 Chg-P CR2E034 (10/03)

City & State
TAMPA FLORIDA
Zip
33606 Country
U.S.A.

City & State
TAMPA FLORIDA
Zip
33675 Country
U.S.A.

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DENDRINOS, STEVE
4935 SANIRAFEL
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	DENDRINOS, STEVE
STREET ADDRESS	4935 SAN RAFAEL
CITY-ST-ZIP	TAMPA, FL
TITLE	<input type="checkbox"/> Delete
NAME	BROOKER, A. RAYMOND
STREET ADDRESS	717 S. NEWPORT
CITY-ST-ZIP	TAMPA, FL
TITLE	<input type="checkbox"/> Delete
NAME	AHEARN, JAMES P.
STREET ADDRESS	9520 WINDSONG LANE
CITY-ST-ZIP	TAMPA, FL
TITLE	<input type="checkbox"/> Delete
NAME	D PINES, RAYMOND
STREET ADDRESS	601 E TWIGGS ST STE 100
CITY-ST-ZIP	TAMPA, FL
TITLE	<input type="checkbox"/> Delete
NAME	D VERSAGGI JOE
STREET ADDRESS	2633 CAUSEWAY BLVD
CITY-ST-ZIP	TAMPA FL 33679
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 813-248-5089
Date Daytime Phone #