

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010145

FILED  
Sep 03, 2012  
Secretary of State

**Entity Name:** FIVE AND TWO SOLUTIONS GROUP, INC.

**Current Principal Place of Business:**

2101 COLEWOOD LN  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

2101 COLEWOOD LN  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 43-2107953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAPOLEON, BERTHONY  
2101 COLEWOOD LN  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NAPOLEON, BERTHONY CHAIR  
Address: 2101 COLEWOOD LANE  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: HAMILTON, BOBBY  
Address: 604 RED ROBIN ROAD  
City-St-Zip: SEFFNER, FL 33584

Title: D  
Name: CURTIS, WILHERMINA TREASUR  
Address: 5563 B SOUTH 78TH STREET  
City-St-Zip: TAMPA, FL 33619

Title: D  
Name: BARNES, RUSSEL BUS  
Address: 15621 SHOAL CREEK PLACE  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: NAPOLEON, AVA SEC  
Address: 2101 COLEWOOD LANE  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: NAPOLEON, NATALIA  
Address: 2101 COLEWOOD LANE  
City-St-Zip: DOVER, FL 33527

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BERTHONY NAPOLEON

CH

09/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date