2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000088748

1. Entity Name
TWO STREETS ANTIQUES, INC.

Principal Place of Business	Mailing Address
21 SW FLAGLER AVENUE STUART, FL 34994	21 SW FLAGLER AVENUE STUART, FL 34994

DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1039141
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE VERCELLY, JAMES
21 SW FLAGLER AVENUE
STUART, FL 34994

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

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

000000063468
04/21/08-80019-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE VERCELLY, JAMES
STREET ADDRESS	101 BANYAN DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	TD
NAME	DE VERCELLY, CHRISTIAN
STREET ADDRESS	1881 SE BEVING AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4.3.08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #