

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000099137

1. Entity Name

TEAM TWO THOUSAND & BEYOND, INC.



Principal Place of Business

11438 28TH ST. CIR. EAST  
PARRISH, FL 34219 US

Mailing Address

PO BOX 66205  
SAINT PETERSBURG, FL 33736

**FILED**

**Jan 18, 2005 08:00 AM**  
**Secretary of State**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1666067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JUSTIN, WILLIAM  
11438 28TH ST. CIR. EAST  
PARRISH, FL 34219

**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 reinstalling)

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	PD
NAME	JUSTIN, WILLIAM
STREET ADDRESS	11438 28TH ST. CIR. EAST
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	VD
NAME	JUSTIN, ROCHELLE
STREET ADDRESS	11438 28TH ST. CIR. EAST
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	S
NAME	BARRETT, ROBIN
STREET ADDRESS	10557 BLOSSOM LAKE DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33772

1100000183406  
01/18/05-80065-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*William Justin*