


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90019 006 \*\*\*150.00

DOCUMENT # P02000045933		
1. Entity Name 2 YOU, INC		

Principal Place of Business 8583 DELAWARE DR SPRING HILL, FL 34607	Mailing Address 8583 DELAWARE DR SPRING HILL, FL 34607
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2. Principal Place of Business 21815 Bowman Rd Suite, Apt. #, etc.	3. Mailing Address 21815 Bowman Rd Suite, Apt. #, etc.
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City & State Spring Hill FL Zip 34610	Country	City & State Spring Hill FL Zip 34610	Country
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44020510



03192004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0579629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLLARD; THOMAS N 8583 DELAWARE DR SPRING HILL, FL 34607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLARD, THOMAS N 8583 DELAWARE DR SPRING HILL, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21815 Bowman Rd Spring Hill, FL 34610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas N. Collard 3-20-04 352-263-6051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #