2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045933

1. Entity Name
2 YOU, INC

Principal Place of Business	Mailing Address
21815 BOWMAN RD SPRING HILL, FL 34610	21815 BOWMAN RD SPRING HILL, FL 34610

DO NOT WRITE IN THIS SPACE

03142006   No Chg-P   CR2E034 (11/05)

4. FEI Number 02-0579629	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

COLLARD, THOMAS N
8583 DELAWARE DR
SPRING HILL, FL 34607

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000476983 04/06/06-80039-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLARD, THOMAS N
STREET ADDRESS	21815 BOWMAN RD
CITY-ST-ZIP	SPRING HILL, FL 34610

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Thomas N. Collard_   3-20-06   (352)263-6051

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