


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 046 ***150.00

DOCUMENT # P02000045933					
1. Entity Name 2 YOU, INC					
Principal Place of Business 21815 BOWMAN RD 20294 Ayers Rd SPRING HILL, FL 34610 Brooksville FL <div style="text-align: right;">34604</div>			Mailing Address 21815 BOWMAN RD 20294 Ayers Rd SPRING HILL, FL 34610 Brooksville FL <div style="text-align: right;">34604</div>		
2. Principal Place of Business - No P.O. Box # 2 You INC.		3. Mailing Address 2 You INC.			
Suite, Apt. #, etc. 20294 Ayers Rd		Suite, Apt. #, etc. 20294 Ayers Rd			
City & State Brooksville FL		City & State Brooksville FL			
Zip 34604		Country Hernando		Zip 34604	
Country Hernando		Country Hernando			
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 8582 DELAWARE DR 20294 Ayers Rd SPRING HILL, FL 34607 Brooksville, FL 34604			7. Name and Address of New Registered Agent Name Thomas N. Collard Street Address (P.O. Box Number is Not Acceptable) 20294 Ayers Rd City Brooksville FL 34604		
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 <u><i>Thomas N. Collard President</i></u> 3-21-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME COLLARD, THOMAS N STREET ADDRESS 21815 BOWMAN RD 20294 Ayers Rd CITY-ST-ZIP SPRING HILL, FL 34610 Brooksville, FL 34604	<input type="checkbox"/> Delete		TITLE New Address NAME 20294 Ayers Rd STREET ADDRESS Brooksville, FL 34604 CITY-ST-ZIP	<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	
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	
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: <u><i>Thomas N. Collard President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-21-07 <small>Date</small>		
(352) 263-6051 <small>Daytime Phone #</small>					