

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90019 047 \*\*\*150.00

DOCUMENT # P02000093526

1. Entity Name  
TWOWAYS PROPERTY INC.



Principal Place of Business  
216 LE STARBOARD DRIVE  
PENSACOLA BEACH, FL 32561

Mailing Address  
PO BOX 7635  
PENSACOLA, FL 32534

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
71-0901609

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MAY, ROY J  
216 LE STARBOARD DRIVE  
PENSACOLA BEACH, FL 32561

**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

*Roy May*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/05

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAY, ROY J  
216 LE STARBOARD DRIVE  
PENSACOLA BEACH, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MAY, MARY G  
216 LE STARBOARD DRIVE  
PENSACOLA BEACH, FL 32561

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 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:

*Roy May*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05

Date

954 680 7759

Daytime Phone #