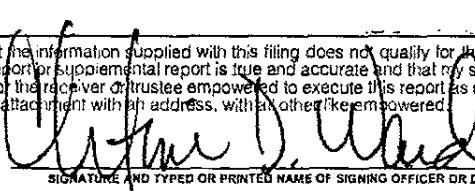


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000009619 1. Entity Name TWO BUCKS, INC.		
Principal Place of Business 790 N. BEAL PARKWAY FORT WALTON BEACH, FL 32547	Mailing Address 801 AUNT POLLY PLACE CRESTVIEW, FL 32536	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHESSER, D. MICHAEL 1201 EGLIN PKWY. SHALIMAR, FL 32579		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 registrant and title, if applicable. (NOTE: Registered Agent signature required when registering)		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WARD, DONALD E JR. 801 AUNT POLLY PLACE CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECT WARD, CHRISTINE D 801 AUNT POLLY PLACE CRESTVIEW, FL 32536	
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		
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 another like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01092006 No Chg-P CR2E034 (11/05)

4. FCI Number 85-0486202	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000509816
04/28/06-80059-016 150.00

**DO NOT WRITE
IN THIS SPACE**