

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90210 029 ***150.00

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1. Entity Name
DB TWO, INC.

Principal Place of Business
2930 DEL PRADO BLVD.
SUITE D
CAPE CORAL, FL 33904 US

Mailing Address
2930 DEL PRADO BLVD.
SUITE D
CAPE CORAL, FL 33904 US

54039222



2. Principal Place of Business

3. Mailing Address

P.O. Box 101612

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-P

CR2E034 (10/03)

City & State

City & State
CAPE CORAL, FL

4. FEI Number

16-1695524

Applied For

Not Applicable

Zip

Country

Zip

33904

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

McFARLAND, BILL
2930 DEL PRADO BLVD.
SUITE D
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

McFARLAND

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCFARLAND, BILLY JOE L
STREET ADDRESS 2930 DEL PRADO BLVD., SUITE D
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE VP
NAME READ, DANIEL D
STREET ADDRESS 1223 SE 47TH TERRACE, SUITE 2
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE D
NAME MCFARLAND, BILLY JOE
STREET ADDRESS 2930 DEL PRADO BLVD., SUITE D
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE D
NAME READ, DANIEL D
STREET ADDRESS 1223 SE 47TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bill McFarland President

4/19/04

239-549-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #