


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May-23, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000001661 1. Entity Name DB TWO, INC.	
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Principal Place of Business 2930 DEL PRADO BLVD. SUITE D CAPE CORAL, FL 33904 US	Mailing Address P.O. BOX 101612 CAPE CORAL, FL 33904 US
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05192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1695524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 MCFARLAND, BILLY JOE L 2930 DEL PRADO BLVD., SUITE D CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP READ, DANIEL D 1223 SE 47TH TERRACE, SUITE 2 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, BILLY JOE 2930 DEL PRADO BLVD., SUITE D CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, DANIEL D 1223 SE 47TH TERRACE CAPE CORAL, FL 33904
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U00000367861
05/23/05-80002-014 550.00

**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: *Bill McFarland* President 5/19/05 (239) 544-5680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #