

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 009 ***150.00

DOCUMENT # P04000055361

1. Entity Name
TUO FREINDS, INC.



Principal Place of Business
**5712 FINCH AVE
JACKSONVILLE, FL 32219**

Mailing Address
**P.O. BOX 62115
JACKSONVILLE, FL 32208**

50023642



DO NOT WRITE IN THIS SPACE

07222006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2082697

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'BRYANT, ANGELINE B
5712 FINCH AVE
JACKSONVILLE, FL 32219**

**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

Angeline B. O'Bryant
Signature, typed or printed name of registered agent and client applicable.

ANGELINE B. O'BRYANT

7-23-06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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
**DP
O'BRYANT, ANGELINE B
5712 FINCH AVE
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LEWIS, VAN B JR
P.O. BOX 1657
MIDDLEBURG, FL 32068**

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 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:

Angeline B. O'Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELINE B. O'BRYANT

7/23/06
Date

(904) 814-7089
Daytime Phone #

ATTACHMENT

50023642
#P04000055367

TUO FREENDS INC.
P.O. BOX 62115
JACKSONVILLE, FL 32208

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

RE: TUO FREENDS, INC. 2006 Annual Report

This correspondence is to inform you that I did not receive notification of filing the annual report prior to May 2006.

Thank you.

Angie B. Bryant
Angie O' Bryant