

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **PO4000083664**

1. Entity Name

**TWOSTORIES INC.**



**FILED**

11 MAY 16 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

**841 3RD AVE N**

Suite, Apt. #, etc.

**ST. PETERSBURG**

City & State

**FLORIDA**

Zip

**33701**

Country

**PUERTO RICO**

3. Mailing Address

**841 3RD AVE N**

Suite, Apt. #, etc.

**ST. PETERSBURG**

City & State

**FLORIDA**

Zip

**33701**

Country

**PUERTO RICO**

4. FEI Number

**34-1997174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (1/11)

7. Name and Address of Current Registered Agent

Name

**VICTORIA FLEMING**

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

**841 3RD AVE N**

**ST. PETERSBURG**

City

**FL**

Zip Code

**33701**

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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

**VICTORIA FLEMING** (VICTORIA FLEMING)

**MAY 12, 2011**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSTD  
FLEMING, VICTORIA  
841 3RD AVE N  
ST. PETERSBURG, FL 33701**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

200207325222  
05/06/11 01045-005 \*\*150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.195 F.S.

SIGNATURE:

**VICTORIA FLEMING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

727 644 1061