

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135330

FILED  
May 02, 2009  
Secretary of State

Entity Name: TWO FRIENDS INVESTMENTS, INC.

**Current Principal Place of Business:**

357 SE CR 405  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 731  
MAYO, FL 32066

**New Mailing Address:**

FEI Number: 20-1971713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSTEEN, LARRY L  
357 SE CR 405  
MAYO, FL 32066 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSTEEN, LARRY L  
Address: PO BOX 731  
City-St-Zip: MAYO, FL 32066

Title: ST ( ) Delete  
Name: BRASWELL, STEVEN T  
Address: P O BOX 336  
City-St-Zip: MAYO, FL 32066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY L. O'STEEN

PRES

05/02/2009

Electronic Signature of Signing Officer or Director

Date