

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90030 005 ***150.00

DOCUMENT # P05000040436		
1. Entity Name 2 FRIENDS INC.		

Principal Place of Business 830 S. THYME PT. HOMOSASSA, FL 34448	Mailing Address 830 S. THYME PT. HOMOSASSA, FL 34448
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2. Principal Place of Business 744 US Hwy 19	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crystal River FL	City & State
Zip 34429	Country USA

6. Name and Address of Current Registered Agent ZIMMERMANN, SANDRA 830 S. THYME PT. HOMOSASSA, FL 34448	
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40097996



07062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2533965	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

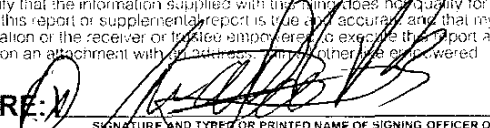
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registrant (subject to verification)	(NOT REQUIRED) Agent Signature (required with non-resident)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P/D VAZQUEZ, ASWALDO R 744 U S HWY 19 CRYSTAL RIVER, FL 34429 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP/S CHAVEZ, JORGE 744 U S HWY 19 CRYSTAL RIVER, FL 34429 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T VAZQUEZ, ASWALDO R 744 U S HWY 19 CRYSTAL RIVER, FL 34429 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 change, or otherwise empowered.

SIGNATURE: 	Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7/6/06	Customer Phone # 352-795-5710
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