


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000054184 1. Entity Name TWO ANTONIOS, INC.	
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Principal Place of Business 2039 N ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address 2039 N ATLANTIC AVENUE COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2687992	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

SOILEAU, JOHN L
3490 NORTH US HIGHWAY 1
COCOA, FL 32926

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLESS, CHARLES A 105 E OSCEOLA LANE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTONIOLI, SILVESTRO 105 E OSCEOLA LANE COCOA BEACH, FL 32931
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/02/07-80001-002 550.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Charles A. Bless 7-07 321-783-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #