## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or og an attachment

SIGNATURE:

## Jul 20, 2007 8:00 am DOCUMENT # P06000133721 Secretary of State 1. Entity Name 05-01-2007 90015 046 \*\*\*150.00 TWO APOSTLES, INC. Principal Place of Business Mailing Address 9603 SW FOX BROWN ROAD 9603 SW FOX BROWN ROAD INDIANTOWN FL 34956 INDIANTOWN FL 34956 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARROLL, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 14298 SE FLORA AVENUE HOBE SOUND FL 33455 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. Fam 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) FILE NOW!!! FEE IS \$550.00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THILE ☐ Change ☐ Addition CARROLL, TIMOTHY J NAME NAME 14298 SE FLORA AVENUE STREET ADDRESS STREET ADDRESS. HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME UBER, GARY NAME 7914 SE OSPREY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions ontained 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

FILED

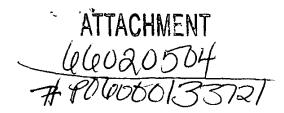
2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2007-90015-046-\$150.00-\$150.00

1. Entity Name	MENT#P06000133	ATTACHMENT							
Principal Place of Business Mailing Address 9603 SW FOX BROWN ROAD 9603 SW FOX BROWN ROAD INDIANTOWN, FL 34956 INDIANTOWN, FL 34956						/ aa.		<u></u>	
2. Principal Pla	ace of Business - No P.O. 8ox #			$ \omega$	20205	204			
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Numb	814-616			plied For I Applicable
Zip	Country	Zip	itry	5. Certificate	el Slatus Désired		8.75 Add		
	8. Name and Address of Current	Registered Agent		fiame	7. Name and	Address of New R	egistered A	ent	
CARROLL, TIMOTHY J					Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code		
	named entity submits this statement to ons of registered agent.	or the purpose of changing its	s register	ed office or reg	istered agent, or bo	th, in the State of Flo		miliar with,	and accept
SIGNATURE_		·····							
<del></del>	Signature, typed on printed name of registered again	send Has & abolicable (NO.	TE: Register	n) Agent signature ()	(disset when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	}	ı		
10.	OFFICERS AND	DIRECTORS Delete	11,		ADDITIONS	/CHANGES TO OFF			<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARROLL, TIMOTHY J 4298 SE FLORA AVENUE		NA. STR	1				Change	_ Addition
TITLE NAME STREET ADDRESS CITY-ST-71P	D UBER, GARY 7914 SE OSPREY ST HOBE SOUND, FL 33455	Delete		- (				Change	Addition .
-TITLE		☐ Delete	III:	at .	,			☐ Change	☐ Addition
"STREET ADDRESS".		<del></del>		EET ADDRESS Y-ST-ZIP	<del></del>				
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TITLE NAME STREET ADDRESS CITY-\$1-21P		☐ Delete	CIT	ME REET ADDRESS Y-ST-ZIP				Change .	Addition
12. I hereby indicated of the co-changed	certify that the information supplied wid on this report or supplemental report possible of this receiver or instee em to un of an attachment with an address SUMATURE AND TYPE OF	in this filing does not qualify is true and accurate and the powered to execute this repo , with all other like exprovere employments a suggest or received	rell	xemptions contained by Chapte	igined in Chapter 1 site same legal effe or 607, Florida Staty	19. Florida Statutes. Incides is if made under less and that my name	further certificath; that I are appears in	y that the in an officer Block 10 o	nformation or director r Block 11 il
	Check H	1476	ugar	150.0	7/17/	07		<del></del>	



Two Apostles, Inc. 9603 SW Fox Brown Road Indiantown FL 34956



Hi! Miss Williams

I am Timothy J. Carroll and spook with you on the phone today (07/17/07 @ 2:15 pm) about this document and the possibility that it was lost in the mail and you said the 550.00 fee could be waved.

Can the fee be waved and will it be waved?

You can call me @ (772)-597-2345

You're Friend Timothy J. Carroll