

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90222 037 ***150.00

DOCUMENT # P07000068190

1. Entity Name
TWO L FISH INC.



Principal Place of Business
514 COCOA ISLES BLVD
COCOA BEACH, FL 32931 US

Mailing Address
514 COCOA ISLES BLVD
COCOA BEACH, FL 32931 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008

Chg-P

CR2E034 (12/06)

4. FEI Number

45-0564107

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISH, LORI L
3613 HIGHTOWER CT.
COCOA, FL 32926

7. Name and Address of New Registered Agent

Name **MATTHEW T. BURKE CPA**

Street Address **Cape Royal Office Building**

Suite 707

City **1980 N. Atlantic Avenue**

Zip Code

Cocoa Beach, FL 32931-5275

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

Matthew T. Burke CPA

4/17/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FISH, LORI L
STREET ADDRESS 3613 HIGHTOWER CT.
CITY-ST-ZIP COCOA, FL 32926

TITLE VP ☐ Delete
NAME FISH, LUCAS B
STREET ADDRESS 3613 HIGHTOWER CT.
CITY-ST-ZIP COCOA, FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 514 Cocoa Isles Blvd.
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 514 Cocoa Isles Blvd
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Lori L. Fish Lori L. Fish

4-25-08

321-868-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #