

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


2/2

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90061 022 \*\*\*150.00

**DOCUMENT # P07000111730**

1. Entity Name  
**DOCTOR'S INN TWO, INC.**



Principal Place of Business      Mailing Address  
 13495 GULF BLVD.                      13495 GULF BLVD.  
 MADEIRA BEACH, FL 33708    US      MADEIRA BEACH, FL 33708    US

**66004269**



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

02042008      Chg-P      CR2E034 (12/06)

4. FEI Number **32-0217120**      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FEDOR, ROBERT P DR.**  
**11005 8TH STREET E**  
**TREASURE ISLAND, FL 33706**

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: *Robert P. Fedor*      DATE: **2/13/08**

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FEDOR, ROBERT P DR.	11005 8TH STREET E	TREASURE ISLAND, FL 33706	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert P. Fedor*      DATE: **2/13/08**

Signature, typed or printed name of signing officer or director      Date      Daytime Phone #