

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000043645

1. Entity Name

TWO J'S TRADING COMPANY



FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

06 MAY -9 PM 4:56

Principal Place of Business

WEST HIGHWAY 98  
APALACHICOLA, FL 32320

Mailing Address

P.O. BOX 505  
APALACHICOLA, FL 32320

9/7/06 - 80006-005 150.00



04262006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3270045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATRENOS, GEORGE T JR  
WEST HIGHWAY 98  
APALACHICOLA, FL 32320

**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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATRENOS, GEORGE T JR
STREET ADDRESS	P.O. BOX 505 N/A
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	VD
NAME	ZINGARELLI, JOSEPH F JR
STREET ADDRESS	P.O. BOX 505 N/A
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9/28/6