

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-15-2008 90026 009 ***150.00

DOCUMENT # P94000043645	
1. Entity Name TWO J'S TRADING COMPANY	

Principal Place of Business WEST HIGHWAY 98 APALACHICOLA, FL 32320	Mailing Address P.O. BOX 505 APALACHICOLA, FL 32320
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66014268



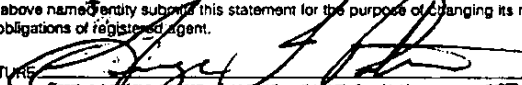
DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

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 	DATE 4/28/08

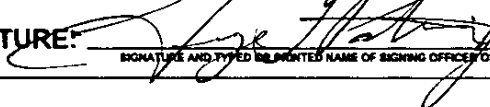
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	PD PATRENOS, GEORGE T JR P.O. BOX 505 N/A APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZINGARELLI, JOSEPH F JR <i>Delete</i> P.O. BOX 505 N/A APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 # _____

★
Sign
HERE