


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000083232</b> 1. Entity Name <b>TWO JOE'S, INC.</b>	
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Principal Place of Business <b>3465 BONITA BEACH RD 20, 21, 22 BONITA SPRINGS FL 34134 US</b>	Mailing Address <b>7598 MORGAN RD FT. MYERS FL 33912 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-0628225</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
Country	Country	Country

<b>6. Name and Address of Current Registered Agent</b>
<b>WALKER, PETER F 7598 MORGAN RD FT MYERS FL 33912</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	WALKER, PETER F
STREET ADDRESS	3465 BONITA BEACH RD
CITY - ST - ZIP	BONITA SPRINGS FL 34134
TITLE	STD <input type="checkbox"/> Delete
NAME	WALKER, JOAN M
STREET ADDRESS	3465 BONITA BEACH RD
CITY - ST - ZIP	BONITA SPRINGS FL 34134
TITLE	PD <input type="checkbox"/> Delete
NAME	HALL, JOSEPH P
STREET ADDRESS	3465 BONITA BEACH RD
CITY - ST - ZIP	BONITA SPRINGS FL 34134
TITLE	VD <input type="checkbox"/> Delete
NAME	HALL, CARLA
STREET ADDRESS	3465 BONITA BEACH RD
CITY - ST - ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/11/05-80024-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Jan M Walker 2/7/05 239-498-8887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #