2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90068 010 ***150.00

DOCUMENT # P95000083232

1. Entity Name
TWO JOE'S, INC.

Principal Place of Business
3465 BONITA BEACH RD
20, 21, 22
BONITA SPRINGS, FL 34134 US

Mailing Address
7598 MORGAN RD
FT. MYERS, FL 33912 US

4000[illegible]

03302007 Chg-P CR2E034 (12/06)

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

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 33967 | Country

4. FEI Number 65-0628225 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, PETER F
7598 MORGAN RD
FT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code 33967

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	WALKER, PETER F	
STREET ADDRESS	3465 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	STD	☐ Delete
NAME	WALKER, JOAN M	
STREET ADDRESS	3465 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	PD	☐ Delete
NAME	HALL, JOSEPH P	
STREET ADDRESS	3465 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VD	☐ Delete
NAME	HALL, CARLA	
STREET ADDRESS	3465 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: Joan Walker Joan Walker 4/13/07 239-590-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #