

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000083275

1. Entity Name

TWO CC'S INC



Principal Place of Business

688 HWY 87 N  
MILTON FL 32571

Mailing Address

PO BOX 4640  
MILTON FL 32570



2. Principal Place of Business

688 Hwy 87 N.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4640  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Milton FL

City & State

Milton FL

4. FEI Number

71-0928297

Applied For

Not Applicable

Zip

32570

Country

Santa Rosa

Zip

32572

Country

Santa Rosa

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GABBARD, DONNIE  
5576 CHIPPER LN  
MILTON FL 32571

7. Name and Address of New Registered Agent

Name

Donnie Gabbard

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

5576 Chipper Ln.

City

Pace FL

FL

Zip Code

32571

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

Donnie Gabbard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

6-19-06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE O ☐ Delete  
NAME GABBARD, DONNIE  
STREET ADDRESS 5576 CHIPPER LANE  
CITY-ST-ZIP MILTON FL 32571

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 000000567626  
STREET ADDRESS 06/26/06-80004-011 150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Section 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: Donnie Gabbard = Donnie Gabbard 6-19-06 994-1705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR