


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90314 002 ***150.00

DOCUMENT # P96000033764 1. Entity Name TWOCAN TROPICAL HOMES, INC.					
Principal Place of Business 31 BAY DRIVE KEY LARGO, FL 33037 US			Mailing Address 31 BAY DRIVE KEY LARGO, FL 33037 US		
2. Principal Place of Business 91700 Overseas Hwy <small>Suite, Apt. #, etc.</small>		3. Mailing Address 91700 Overseas Hwy <small>Suite, Apt. #, etc.</small>			
City & State TAVERNIER FL		City & State TAVERNIER FL		4. FEI Number 65-0750941	
Zip 33070		Country 33070		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIXON, JOHN 31 BAY DRIVE KEY LARGO, FL 33037				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, JOHN 31 BAY DRIVE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T DIXON, JOHN 31 BAY DRIVE KEY LARGO, FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RASKOB, PETER 1029 VALENCIA RD. KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S RASKOB, PETER 1029 VALENCIA RD. KEY LARGO, FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, RYAN 3400 SW 16TH COURT FT LAUDERDALE, FL 33312		Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 _____ Pres. 4-13-05 305-394-0414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					