


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000090399 1. Entity Name TWO OAKS INVESTMENT, INC.	
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Principal Place of Business 1309 FISHING LAKE DR. ODESSA, FL 33556 US	Mailing Address 1309 FISHING LAKE DR. ODESSA, FL 33556 US
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3405641	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, CYNTHIA M
1309 FISHING LAKE DR.
ODESSA, FL 33556

**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 Cynthia M. Fairbanks (NOTE: Registered Agent signature required when reinstating) Feb 3, 2004 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRBANKS, CYNTHIA M 1309 FISHING LAKE DR. ODESSA, US 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPCAVAGE, ROBERT J 1309 FISHING LAKE DR. ODESSA, FL 33556
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02/12/04-80048-008 150.00

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: Cynthia M. Fairbanks Feb 3, 2004 (813) 884-1463 x207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #