


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90029 004 \*\*\*150.00

DOCUMENT # P98000002532  
 1. Entity Name  
 TWO HUTS, INC.



40001440



01112005 Chg-P CR2E034 (10/03)

Principal Place of Business  
 1620 GULF OF MEXICO DR.  
 LONGBOAT KEY, FL 34228

Mailing Address  
 % STEPHEN J. MITCHELL, ESQ.  
 201 N FRANKLIN ST STE 2100  
 TAMPA, FL 33602

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 c/o Murray J. Klauber  
 Suite, Apt. #, etc.  
 1620 Gulf of Mexico Dr.  
 Longboat Key, Florida  
 Zip 34228 Country US

4. FEI Number  
 65-0809841

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 KLAUBER, MURRAY J  
 1602 GULF OF MEXICO DRIVE  
 LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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**

9. Election Campaign Financing  
 Trust Fund Contribution. **\$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	DPST KLAUBER, MURRAY J DR. 1620 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 registered 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 information.

SIGNATURE: *Murray J. Klauber* DATE: 1/11/05 DAYTIME PHONE: 832919

SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Murray J. Klauber