

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000051721

1. Entity Name
BIG RED TWO, INC.



Principal Place of Business
**2424 CURLEW ROAD
PALM HARBOR, FL 34683**

Mailing Address
**2424 CURLEW ROAD
PALM HARBOR, FL 34683**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3516414** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'KEEFE, DENNIS E
2424 CURLEW ROAD
PALM HARBOR, FL 34683**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **OLTMAN, JERRY B**
STREET ADDRESS **2424 CURLEW ROAD**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **VS**
NAME **O'KEEFE, DENNIS E**
STREET ADDRESS **2424 CURLEW ROAD**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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00000550614
05/18/06-80046-019 197.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32206 727-781-5888
Date Daytime Phone #