

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088977

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: MLP TWO, INC.

## Current Principal Place of Business:

14180 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

200 CBL DRIVE  
ST. AUGUSTINE, FL 32286 US

## Current Mailing Address:

2303 N. PONCE DE LEON  
SAINT AUGUSTINE, FL 32084 US

## New Mailing Address:

FEI Number: 59-3573474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRUEL, CHRISTOPHER B  
10126 OAKISLE ROAD WEST  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: GRUEL, CHRISTOPHER B  
Address: 10126 OAKISLE ROAD WEST  
City-St-Zip: JACKSONVILLE, FL 32084

Title: CEO ( ) Delete  
Name: GRUEL, JAMES E  
Address: 5229 DRURY LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T ( ) Delete  
Name: GRUEL, DORCAS  
Address: 5229 DRURY LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: VIDAL, CHERYL A  
Address: 2604 GLEN OAKS DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER GRUEL

PRES

03/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date