

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90043 041 ***550.00

DOCUMENT # P98000091807

1. Entity Name

FATHER & TWO SONS, INC.



Principal Place of Business

2421 S GLENCO
NEW SMYRNA BEACH FL 32168

Mailing Address

2421 S GLENCO
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number 59-3542172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, JAMES
2421 S GLENCO
NEW SMYRNA BEACH FL 32168

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
DP	MASON, JAMES	2421 S GLENCO	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	MASON, BRIAN	3230 SABLE PALM	EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete		TAMMY MASON	4277 US Highway 1	EDGEWATER FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	MASON, RICHARD	208 SHANGRILA CIR	EDGEWATER FL 32141	<input type="checkbox"/> Delete		TAMMY MASON	4277 US Highway 1	EDGEWATER FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: James H. Mason JAMES H. MASON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-06 1-386-432-1033

Date

Daytime Phone #