



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90035 026 ***150.00

DOCUMENT # P99000091291					
1. Entity Name TWO TEN INVESTMENTS, INC.					
Principal Place of Business 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE, FL 32256			Mailing Address 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE, FL 32256		
2. Principal Place of Business 10739 Deerwood Park Blvd. Suite, Apt. #, etc. Suite 300		3. Mailing Address 10739 Deerwood Park Blvd. Suite, Apt. #, etc. Suite 300			
City & State Jacksonville, FL		City & State Jacksonville, FL		01112006 Chg-P CR2E034 (11/05)	
Zip 32256-2873		Country Duval		4. FEI Number 59-3615171	
City & State Jacksonville, FL		City & State Jacksonville, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, BERT C 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURR, EDWARD E 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Edward E. Burr, Director			January 16, 2006 (904) 998-8300 <small>Date Daytime Phone #</small>		