2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P99000111615

Entity Name: TJP TWO, INC.

Current Principal Place of Business:

1035 BLANDING BLVD.
STE. 104
ORANGE PARK, FL 32065

New Principal Place of Business:

2303 N. PONCE DE LEON
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

1035 BLANDING BLVD.
STE. 104
ORANGE PARK, FL 32065

New Mailing Address:

2303 N. PONCE DE LEON
SAINT AUGUSTINE, FL 32084

FEI Number: 59-3616817 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 32257	
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:	VP	( ) Delete
Name:	VIDAL, CHERYL A	
Address:	2604 GLEN OAKS DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	

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

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 05/01/2009

Electronic Signature of Signing Officer or Director Date