

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 16, 2012  
Secretary of State**

DOCUMENT# P10000061507

**Entity Name:** TWO BROTHERS INSURANCE, INC.

**Current Principal Place of Business:**

4065 GARCON POINT ROAD  
MILTON, FL 32583 UN

**New Principal Place of Business:**

**Current Mailing Address:**

4065 GARCON POINT ROAD  
MILTON, FL 32583

**New Mailing Address:**

**FEI Number:** 27-3206100      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'NEIL, DEBBIE S  
3102 DEEP WATER COVER  
MILTON, FL 32583 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: O'NEIL, DEBBIE S  
Address: 3102 DEEP WATER COVER  
City-St-Zip: MILTON, FL 32583

Title: ST  
Name: O'NEIL, KEVIN R  
Address: 3457 ROBINSON POINT ROAD  
City-St-Zip: MILTON, FL 32583

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE S O'NEIL

P

05/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date