

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 031 ***150.00

DOCUMENT # 629465

1. Entity Name

BROTHERS TWO DEVELOPERS, INC.



Principal Place of Business

6601 SPARTA RD
SEBRING FL 33875
US

Mailing Address

PO BOX 1824
SEBRING FL 33871
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1927212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LIVINGSTON, ESQ. J
445 S COMMERCE AVE
SEBRING, FLORIDA
SEBRING FL 33870

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BLACKMAN, J. TIMOTHY
STREET ADDRESS 449 PARK STREET
CITY-ST-ZIP SEBRING FL 33870

TITLE VP ☒ Delete
NAME BLACKMAN, GARY W.
STREET ADDRESS 449 PARK STREET
CITY-ST-ZIP SEBRING FL 33870

TITLE ST ☐ Delete
NAME SANDERS, MILDRED J.
STREET ADDRESS 449 PARK STREET
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME BLACKMAN, J. TIMOTHY
STREET ADDRESS 6601 SPARTA RD
CITY-ST-ZIP SEBRING, FL 33870

TITLE VP ☐ Change ☒ Addition
NAME
STREET ADDRESS 6601 SPARTA RD
CITY-ST-ZIP SEBRING, FL 33870

TITLE ST ☒ Change ☐ Addition
NAME SANDERS, MILDRED J.
STREET ADDRESS 6601 SPARTA RD
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06

863 471 2240