

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

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**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

000000847120
03/13/08-80003-025 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKMAN, J. TIMOTHY 6601 SPARTA RD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKMAN, GARY W. 6601 SUPARTA RD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDERS, MILDRED J 6601 SPARTA RD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 any other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Timothy Blackman

863 471 2240

2-29-08