2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Secretary of State DOCUMENT # N00000001142 02-25-2004 90012 040 ****70.00 1. Entity Name BROTHERHOODS BOND, INC. Principal Place of Business Mailing Address 7 SOUTH LIME AVENUE SARASOTA FL 34237 7 SOUTH LIME AVENUE 54010416 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-1060581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURVIN, STEPHEN H Street Address (P.O. Box Number is Not Acceptable) 7 SOUTH LIME AVENUE SARASOTA FL 34237 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change Delete TITLE ☐ Addition BOWER, ROBERT L NAME NAME 1522 GEORGETOWN LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP □ Change Delete TITLE TITLE Addition FORD, BENJAMIN F JR. NAME NAME 3032 BAY STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP CITY-ST-7IP Change Delete Addition TITLE TITLE - T-FREUND, RONALD NAME NAME 3410 27TH PARKWAY STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP DE TITLE Delete TITLE Change ☐ Addition JOHNSON, STEPHEN NAME NAME 7419 CLEARWATER STREET STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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Feb 25, 2004 8:00 am

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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. 50 HNSO NO

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR D

SIGNATURE:

CITY-ST-ZIP