## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 14, 2008 8:00 am Secretary of State

813 690 4/N

DOCUMENT # P0000077584  1. Entity Name BROTHERS TWO INVESTMENTS, INC.								02-14-2008	90024 (	)37 ***15	0.00
Principal Place of Business				failing Address							
` <u> </u>				PO BOX 4111							
508 SANDALWOOD DR Plant City, Fl 33563				PLANT CITY, FL 33563							
- Ent 011,12 00000			-							(89) (1 168)	
2. Principal Place of Business - No P.O. Box #				Mailing Address							
				0.5	,						
Suite, Apt. #, etc.				Suite, Apt. #, etc.		01222008	Chg-P	CR2E0	34 (12/06)		
City & State				City & State		4. FEI Numbe			- Ap	plied For	
Only distance							59-3655592   Not Applicable				
Žip	Country			Zip Coun		try	E Cortificate	of Status Desired		\$8.75 Add	itlonal
							5. Certificate	or Status Desired		Fee Required	<u> </u>
	6_ Name	and Address of Curren	t Regit	stered Agent			7. Name and	Address of New R	egistered /	Agent	
OL IDOON	1 1871 1 1 6 1			* 4		Name					
GLISSON, I. WILLIAM 1207 E. SANDALWOOD DRIVE NORTH						Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY, FL 33566											
						City			FL	Zip Code	3
						ad allias or register	ad accal or ba	h is the Clare of Ele	• =		and agoon)
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											
organismo, typeo or printer name or registance again and nine in appropriate. Institute, registance against anyone aspending continuo mich (constantig).											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.						ncing \$5.	.00 May Be ed to Fees				
10.		OFFICERS AND	D DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
IIITE	Р			☐ Delete	1	•			☐ Change	☐ Addition	
NAME	GLISSOW, I. WILLIAM JR				E						
STREET ADDRESS					ET ADDRESS						
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12. I hereby	certify that the	e information supplied wi	th this	filing does not quality for	or the ex	emptions contained	in Chapter 119	, Florida Statutes. I	further cer	tify that the ir	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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											
of the corporation or the receiver or trustee empowered a 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 empoyered.											