2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000101430

1. Entity Name
TWO BROTHERS AND TWO OTHERS, INC.

Principal Place of Business	Mailing Address
6311 BURTS ROAD TAMPA, FL 33619	6311 BURTS ROAD TAMPA, FL 33619

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1023318
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARNADORE, AL
6311 BURTS ROAD
TAMPA, FL 33619

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	VARNADORE, AL
STREET ADDRESS	3311 S FORBES ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	PD
NAME	HUTTO, TODD
STREET ADDRESS	201 ESSARY STREET
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	VARNADORE, DEAN
STREET ADDRESS	3216 S FORBES ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	LAY, FRED
STREET ADDRESS	2818 BRYAN ROAD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80157-008 150.00

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12. I hereby certify that the information supplied with this filing 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 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: Al Varnadore AL VARNADORE 4-28-05 813/677-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #