# 2008 FOR PROFIT CORPORATION

### ANNUAL REPORT ...

#### **DOCUMENT # P03000042194**

Principal Place of Business

BELLE GLADE, FL 33430

721 TABIT ROAD

TWO BROTHERS TRANSPORT & SOD SERVICE, INC.



Mailing Address

721 TABIT ROAD

BELLE GLADE, FL 33430

## **FILED** May 01, 2008 08:00 AN Secretary of State



#### DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02182008 No Chg-P

4. FEI Number 20-0017543

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, GEORGE J 721 TABIT ROAD BELLE GLADE, FL 33430

### 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 Speakure, typed or printed name of registered agent and table if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund (				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, GEORGE J 721 TABIT ROAD BELLE GLADE, FL 33430						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/28/08-80015-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

Daytime Phone #