

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90001 039 ***150.00

DOCUMENT # P07000059215 1. Entity Name BROTHERS MANAGEMENT CORP.			
Principal Place of Business 13130 WEXFORD HOLLOW ROAD, NORTH JACKSONVILLE, FL 32224 US		Mailing Address 13130 WEXFORD HOLLOW ROAD, NORTH JACKSONVILLE, FL 32224 US	
2. Principal Place of Business - No P.O. Box # 8132 TROUT RIVER DRIVE		3. Mailing Address 3101 UNIVERSITY BLVD. S. STE 206	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32208		Zip 32216	
Country 		Country 	
4. FEI Number 26-0197604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, M. MARK ESQUIRE 4540 SOUTHSIDE BOULEVARD SUITE 702 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ZAROU, NADER STREET ADDRESS 13130 WEXFORD HOLLOW ROAD, NORTH JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE P NAME DRAYTON, CHARLES STREET ADDRESS 13107 ATLANTIC BLVD JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME AKEL, MARWAN STREET ADDRESS 9667 WEXFORD ROAD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BATEH, JOHNNY M STREET ADDRESS 4740 UNIVERSITY BOULEVARD NORTH JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BATEH, DAVID M STREET ADDRESS 1185 CATALINA ROAD WEST JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: CHARLES F DRAYTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-21-08 (904) 805 9698 <small>Date Daytime Phone #</small>	

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