

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083449

FILED
Sep 01, 2008
Secretary of State

Entity Name: 2 BROTHERS AG SERVICES INC.

Current Principal Place of Business:

304 DURHAM AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

8064 SR 64 E
ZOLFO SPRINGS, FL 33890

Current Mailing Address:

304 DURHAM AVENUE
LAKE PLACID, FL 33852

New Mailing Address:

8064 SR 64 E
ZOLFO SPRINGS, FL 33890

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH, SUITE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, MARIO
Address: 304 DURHAM AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: WILSON, CALVERY
Address: 304 DURHAM AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: WILSON, SHIRLEY
Address: 304 DURHAM AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: WILSON, CALVIN
Address: 304 DURHAM AVENUE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, MARIO
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D (X) Change () Addition
Name: WILSON, CALVERY
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRING, FL 33890

Title: SD (X) Change () Addition
Name: WILSON, SHIRLEY
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: TD (X) Change () Addition
Name: WILSON, CALVIN
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY E. WILSON

SD

09/01/2008

Electronic Signature of Signing Officer or Director

Date