

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083449

Entity Name: 2 BROTHERS AG SERVICES INC.

FILED  
Apr 29, 2010  
Secretary of State

**Current Principal Place of Business:**

8064 SR 64 E  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:****Current Mailing Address:**

8064 SR 64 E  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

FEI Number: 68-0654344      FEI Number Applied For ( )      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:**

WILSON, SHIRLEY E  
304 DURHAM AVE  
LAKE PLACID, FL 33852-786 US

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: SHIRLEY E. WILSON

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

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

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

Title: SD  
Name: WILSON, SHIRLEY  
Address: 304 DURHAM AVE  
City-St-Zip: LAKE PLACID, FL 33852-786 US

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

I hereby 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 all other like empowered.

SIGNATURE: MARIO WILSON

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date