



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000014094</b>	
1. Entity Name <b>TWOBROS, INC.</b>	

Principal Place of Business <b>4310 PABLO OAKS CT. JACKSONVILLE, FL 32224 US</b>	Mailing Address <b>P.O. BOX 19366 JACKSONVILLE, FL 32245-9366 US</b>
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3225033</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SKELTON, H.J. 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000111735 04/13/04-80032-004 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAVIS, ROBERT D 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DAVIS, LEE W 401 WEST MAIN ST STE 1810 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT SKELTON, H.J. 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS FRANCIS, H. D 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THORNE, SUSAN C. 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS CLOWE, D.C. 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224

**DO NOT WRITE IN THIS SPACE**

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:**  **Susan C. Thorne** **4/07/04 904/223-7480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*