


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90047 005 \*\*\*150.00

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

|   |   |
|---|---|
| Principal Place of Business<br><b>4310 PABLO OAKS CT.<br/>JACKSONVILLE, FL 32224 US</b> | Mailing Address<br><b>P.O. BOX 19366<br/>JACKSONVILLE, FL 32245-9366 US</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SKELTON, H.J.<br/>4310 PABLO OAKS CT.<br/>JACKSONVILLE, FL 32224</b> |  |
|--|--|

**40043347**

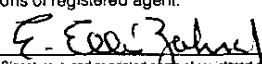


03082005 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3225033</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

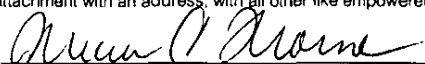
|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent                                      |                             |
| Name<br><b>ZAHRA JR., E. ELLIS</b>   |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>4310 PABLO OAKS CT.</b> |                             |
| City<br><b>JACKSONVILLE</b>  | FL Zip Code<br><b>32224</b> |

|   |                            |                |
|---|----------------------------|----------------|
| 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    | <b>E. Ellis Zahra, Jr.</b> | <b>3/23/05</b> |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |                            |                |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DAVIS, ROBERT D<br>4310 PABLO OAKS CT.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>ZAHRA JR., E. ELLIS<br>4310 PABLO OAKS CT.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>DAVIS, LEE W<br>401 WEST MAIN ST STE 1810<br>LOUISVILLE, KY 40202 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPT<br>SKELTON, H.J.<br>4310 PABLO OAKS CT.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>FRANCIS, H. D<br>4310 PABLO OAKS CT.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>THORNE, SUSAN C.<br>4310 PABLO OAKS CT.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>CLOWE, D.C.<br>4310 PABLO OAKS CT.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:   | <b>Susan C. Thorne</b> | <b>3/23/05</b> | <b>904/223-7480</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        | Date           | Daytime Phone #     |