

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90028 023 \*\*\*150.00

DOCUMENT # P96000016221

1. Entity Name

BROTHERS TWO HOLDING COMPANY



Principal Place of Business

Mailing Address

661 SPARTA RD  
SEBRING FL 33875  
US

PO BOX 1824  
SEBRING FL 33871  
US



2. Principal Place of Business

3. Mailing Address

6601 SPARTA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SEBRING

City & State  
FLORIDA

Zip  
33875

Country

Zip

Country

4. FEI Number

65-0649865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVINGSTON, JAMES L  
445 S COMMERCE AVE  
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BLACKMAN, J. TIMOTHY  
STREET ADDRESS 449 PARK ST  
CITY-ST-ZIP SEBRING FL 33870

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME BLACKMAN, J. TIMOTHY  
STREET ADDRESS P.O. Box 1824  
CITY-ST-ZIP SEBRING, FL 33871-1824

TITLE D ☐ Delete  
NAME SANDERS, MILDRED J  
STREET ADDRESS 449 PARK ST  
CITY-ST-ZIP SEBRING FL 33870

TITLE S/T ☒ Change ☐ Addition  
NAME SANDERS, MILDRED J.  
STREET ADDRESS P.O. Box 1824  
CITY-ST-ZIP SEBRING, FL 33871-1824

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME BROACH, B. GRIFFITH  
STREET ADDRESS P.O. Box 1824  
CITY-ST-ZIP SEBRING, FL 33871-1824

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/06 863-471-2240  
Date Daytime Phone #