

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000016221

1. Entity Name  
BROTHERS TWO HOLDING COMPANY



Principal Place of Business  
6601 SPARTA RD  
SEBRING, FL 33875 US

Mailing Address  
PO BOX 1824  
SEBRING, FL 33871 US



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0649865

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LIVINGSTON, JAMES L  
445 S COMMERCE AVE  
SEBRING, FL 33870

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000838619  
03/05/08-00038-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BLACKMAN, TIMOTHY J  
STREET ADDRESS POB 1824  
CITY-ST-ZIP SEBRING, FL 338711824

TITLE ST  
NAME SANDERS, MILDRED J  
STREET ADDRESS POB 1824  
CITY-ST-ZIP SEBRING, FL 338711824

TITLE VP  
NAME GRIFFITH, BROACH B  
STREET ADDRESS POB 1824  
CITY-ST-ZIP SEBRING, FL 338711824

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date 2/18/08 Daytime Phone #