**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

# PROFIT CORPORATION ANNUAL REPORT

FILED 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Jun 06, 2000 8:00 am**
**Secretary of State**
06-06-2000 90002 022 ***150.00

DOCUMENT # P90000061706

1. Corporation Name

D.O.D. BROTHERHOOD, INC.

59-

D00060809

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 431 N. Summerlin Ave<br>Orlando Fl 32803 | |

3. Date Incorporated or Qualified: 7/6/1999

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 431 N. Summerlin Ave | 26 same |
| Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| City & State: Orlando Fl | 28 City & State |
| Zip: 32803 25 County: USA | 29 Zip 30 Country |

4. FEI Number: 59-[illegible] ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Frederick E. Miller<br>431 N. Summerlin Ave<br>Orlando, Fl 32803 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP ☐ DELETE | 13.1 TITLE | VP ☐ Change ☐ Addition |
| NAME | Daryl Bush | 13.2 NAME | Joseph Pagan |
| STREET ADDRESS | 719 Lk. Davis Dr | 13.3 STREET ADDRESS | 719 Lk. Davis Dr |
| CITY-ST-ZIP | Orlando Fl 32804 | 13.4 CITY-ST-ZIP | Orlando Fl 32806 |
| TITLE | Secretary ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Fred Miller | 2.2 NAME | |
| STREET ADDRESS | 431 N. Summerlin Ave | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando Fl 32801 | 2.4 CITY-ST-ZIP | |
| TITLE | P ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Roy Miller | 3.2 NAME | |
| STREET ADDRESS | 719 Lk. Davis Dr | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, Fl 32806 | 3.4 CITY-ST-ZIP | |
| TITLE | VP ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | Steve Miller | 4.2 NAME | |
| STREET ADDRESS | 719 Lk. Davis Dr | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando Fl 32806 | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** X _____ 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #