


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000092894</b>	
1. Entity Name BROTHERS CAPITAL CORPORATION	

Principal Place of Business 3291 BIRCH WOOD COURT PALM HARBOR, FL 34683	Mailing Address 3291 BIRCH WOOD COURT PALM HARBOR, FL 34683
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01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3599478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

HARRINGTON, THOMAS D JR.  
3291 BIRCH WOOD COURT  
PALM HARBOR, FL 34683

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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</b> <b>After May 1, 2007 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRINGTON, THOMAS D JR. 3291 BIRCH WOOD CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRINGTON, DANIEL P 1010 WEST HILL DR GATES MILLS, OH 44040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRINGTON, KEVIN 1278 LAURA MENDOTA HEIGHTS, MN 55118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000613091  
02/05/07-80024-025 150.00

**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: Thomas D. Harrington, Jr. **1/25/07** **335-5507**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS D. HARRINGTON, JR