## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000119958

City-St-Zip:

ATLANTIC BEACH, FL 32233 US

Entity Name: BRANNEN AND ESPY'S PROPERTIES, INC.

FILED Feb 27, 2005 Secretary of State

•			.,		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
P.O. BOX JACKSON	57922 IVILLE, FL 322	241 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	IT MEADOWS	DRIVE	4771 HIGHWAY 40 EAS	4771 HIGHWAY 40 EAST	
UNIT 2202 JACKSONVILLE, FL 32256 US		256 US	ST MARYS, GA 31558 US		
	: 16-1657095	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
7801 POIN UNIT 2202	CHIED, ROCKY NT MEADOWS 2 IVILLE, FL 322	DRIVE			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ESPENCHIED, 7801 POINT ME	Delete ROCKY L EADOWS DRIVE, UNIT 2202 E, FL 32256 US	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	BRANNEN, JAN 4243 KINCARD		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D () STALTER, TIMO		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROCKY ESPENSCHIED PSTD 02/27/2005