

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90347 014 \*\*\*150.00

**DOCUMENT # S90748**  
 1. Entity Name  
**1301 BRANDON CORPORATION**




Principal Place of Business: **1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406 US**  
 Mailing Address: **1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406 US**

2. Principal Place of Business Suite, Apt. #, etc.:  
 3. Mailing Address Suite, Apt. #, etc.:

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Barcode:   
 1st MOORE CR2E034 (10/04)  
 4. FEI Number **65-0295618** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GERSON, GARY N.  
 1645 PALM BEACH LAKES BLVD.  
 SUITE 1200  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name: **Paul Mapes**  
 Street Address (P.O. Box Number is Not Acceptable): **1601 Belvedere Road**  
**Suite 407 South**  
 City: **West Palm Beach** FL Zip Code: **33406**

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: *P. Mapes* DATE: **4/19/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	
TITLE: <b>EVP</b> NAME: <b>METZ, JOHN</b> STREET ADDRESS: <b>8008 SOUTH FLAGLER COURT</b> CITY-ST-ZIP: <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE: <b>CDS</b> NAME: <b>MEYER, ARTHUR</b> STREET ADDRESS: <b>1601 BELVEDERE RD 407S</b> CITY-ST-ZIP: <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE: <b>P</b> NAME: <b>ASARCH, GAIL</b> STREET ADDRESS: <b>1601 BELVEDERE RD 407 S</b> CITY-ST-ZIP: <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE: <b>T</b> NAME: <b>MAPES, PAUL</b> STREET ADDRESS: <b>1601 BELVEDERE ROAD SUITE 407 SOUTH</b> CITY-ST-ZIP: <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>President, Director</b> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>SECRETARY, Director</b> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Director</b> NAME: <b>Sydelle Meyer</b> STREET ADDRESS: <b>1601 Belvedere Rd., Suite 407 South</b> CITY-ST-ZIP: <b>West Palm Beach, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *P. Mapes* (561) 689-6601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #