


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S90748 1. Entity Name 1301 BRANDON CORPORATION	
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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
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0295618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL
 1601 BELVEDERE ROAD
 SUITE 407 SOUTH
 WEST PALM BEACH, FL 33406

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METZ, JOHN 8008 SOUTH FLAGLER COURT W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASARCH, GAIL 1601 BELVEDERE RD 407 S W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPES, PAUL 1601 BELVEDERE ROAD SUITE 407 SOUTH W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, SYDELLE 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empower.

SIGNATURE: Paul Mapes P. Mapes CEO. 4/18/08 561-689-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #