

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231022

Entity Name: BRANDON DEVELOPERS, INC.**Current Principal Place of Business:**4417 KEYSVILLE ROAD
DURANT, FL 33530**Current Mailing Address:**PO BOX 936
DURANT, FL 33530 US**FEI Number:** 59-1002081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERDUE, DOUGLAS H
4415 KEYSVILLE ROAD
DURANT, FL 33530 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	PERDUE, DOUGLAS H
Address	4415 KEYSVILLE ROAD
City-State-Zip:	DURANT FL

Title	STRS
Name	PERDUE, MICHELLE
Address	201 MITCHELL ST
City-State-Zip:	BAYSIDE TX 78340

Title	RS
Name	PERDUE, MICHELLE
Address	P.O. BOX 11-201 MITCHELL ST.
City-State-Zip:	BAYSIDE TX 78340

Title	V
Name	PERDUE, DOUGLAS H.
Address	8725 PITT RD.
City-State-Zip:	PLANT CITY FL 33567

Title	ARS
Name	PERDUE, SHERI
Address	8725 PITT RD
City-State-Zip:	PLANT CITY FL 33567

Title	AST
Name	PERDUE, MARJORIE
Address	4415 KEYSVILLE RD
City-State-Zip:	DURANT FL 33530

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS PERDUE**PRES****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date