

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000072099

**Entity Name:** T & T BRANCH ENTERPRISES, INC.

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC3543948650**

**Current Principal Place of Business:**

8374 MARKET STREET  
UNIT 480  
BRADENTON, FL 34202

**Current Mailing Address:**

8374 MARKET STREET  
UNIT 480  
BRADENTON, FL 34202

**FEI Number:** 20-5492961

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

T AND T BRANCH ENT., INC.  
8374 MARKET STREET  
SUITE 480  
BRADENTON, FL 34202 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            PRESIDENT, TREASURER,  
                     SECRETARY, DIRECTOR  
Name            BRANCH, T M  
Address        8374 MARKET STREET, UNIT 480  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title            VP, DIRECTOR, ASST. SECRETARY  
Name            BRANCH, T W  
Address        8374 MARKET STREET, UNIT 480  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title            OFFICER  
Name            BRANCH, LOGEN THOMAS  
Address        8374 MARKET STREET  
                     UNIT 480  
City-State-Zip: BRADENTON FL 34202

Title            OFFICER  
Name            BRANCH, KEEGAN JAMES  
Address        8374 MARKET STREET  
                     UNIT 480  
City-State-Zip: BRADENTON FL 34202

*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:** TM BRANCH

**PRESIDENT**

**01/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date