

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 203155 1. Entity Name HUGH H. BRANCH, INC.	
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Principal Place of Business 2900 STATE ROAD 15 BELLE GLADE, FL 33430 US	Mailing Address PO BOX 598 PAHOKEE FLA, 33476 US
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0804813	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BRANCH, HUGH H
2801 BACOM POINT RD.
PAHOKEE, FL 33476

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRANCH, HUGH H 2801 BACOM POINT RD. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRANCH, BARBARA 2801 BACOM POINT RD. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BERGMANN, BRETT C 13646 CALLINGTON DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/28/04-80002-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 correct 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 another line empowered.

SIGNATURE: Hugh H. Branch 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #