2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 203155

Entity Name: HUGH H. BRANCH, INC.

Current Principal Place of Business:

2900 STATE ROAD 15
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 598
PAHOKEE, FL 33476 US

New Mailing Address:

FEI Number: 59-0804813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVER, DANIEL L
807 IVY DRIVE
WELLINGTON, FL 33476 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	BRANCH, HUGH H JR	
Address:	13776 SOUTHWEST 16TH DRIVE	
City-St-Zip:	OKEECHOBEE, FL 34974 US	
Title:	ST	( ) Delete
Name:	HERRING, DANIEL R	
Address:	1009 NORTHEAST 1ST STREET	
City-St-Zip:	BELLE GLADE, FL 33430 US	
Title:	VPD	( ) Delete
Name:	BERGMANN, BRETT C	
Address:	13646 CALLINGTON DR	
City-St-Zip:	WELLINGTON, FL 33414 US	
Title:	PD	( ) Delete
Name:	SHIVER, DANIEL L	
Address:	807 IVY DRIVE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	VPD	( ) Delete
Name:	STAFFORD, GARY L	
Address:	13837 GERANIUM PLACE	
City-St-Zip:	WELLINGTON, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	BERGMANN, BRETT C	
Address:	2325 WELLINGTON GREEN DR #106	
City-St-Zip:	WELLINGTON, FL 33414 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL L SHIVER JR PD 03/19/2009

Electronic Signature of Signing Officer or Director — Date