

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90132 043 ***150.00

DOCUMENT # 231022

1. Entity Name

BRANDON DEVELOPERS, INC.



Principal Place of Business

**4417 KEYSVILLE ROAD
DURANT FL 33530
US**

Mailing Address

**PO BOX 936
DURANT FL 33530
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **59-1002081**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERDUE, H.K.
4415 KEYSVILLE ROAD
DURANT FL 33530**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PERDUE, H K**
STREET ADDRESS **4415 KEYSVILLE ROAD**
CITY-ST-ZIP **DURANT FL**

TITLE **ST** ☐ Delete
NAME **CLARK, DESIREE D.**
STREET ADDRESS **1710 STAYSAIL DR.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **RS** ☐ Delete
NAME **PERDUE, MICHELLE**
STREET ADDRESS **P.O. BOX 11-201 MITCHELL ST.**
CITY-ST-ZIP **BAYSIDE TX 78340**

TITLE **V** ☐ Delete
NAME **PERDUE, DOUGLAS H.**
STREET ADDRESS **8725 PITT RD.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AST**
STREET ADDRESS **Perdue michelle**
CITY-ST-ZIP **201 Mitchell St.**
Bayside, tx. 78340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 empowered.

SIGNATURE:

H.K. Perdue H K Perdue

1-24-05

813-737-2678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #