

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449977

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: EARL BRANCH & COMPANY, INC.

## Current Principal Place of Business:

5511 NEBRASKA AVE  
PO BOX 8374  
TAMPA, FL 336745374

## New Principal Place of Business:

5511 NEBRASKA AVE  
TAMPA, FL 33604

## Current Mailing Address:

5511 NEBRASKA AVE  
PO BOX 8374  
TAMPA, FL 336745374

## New Mailing Address:

FEI Number: 59-1517332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRANCH, EARL L.  
5511 NEBRASKA AVE.  
TAMPA, FL 33604      US

## Name and Address of New Registered Agent:

ROBERTS, THOMAS M PRES  
5608 MACALLAN DR.  
TAMPA, FL 33625      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: THOMAS M. ROBERTS

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBERTS, THOMAS M,  
Address: 5608 MACALLEN DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: STD ( ) Delete  
Name: ROBERTS, SUSAN BRANC, H  
Address: 5608 MACALLEN DRIVE  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBERTS, THOMAS M,  
Address: 5608 MACALLAN DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: STD (X) Change ( ) Addition  
Name: ROBERTS, SUSAN BRANC, H  
Address: 5608 MACALLAN DRIVE  
City-St-Zip: TAMPA, FL 33625

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: THOMAS M. ROBERTS

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date