

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 449977

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** EARL BRANCH & COMPANY, INC.

**Current Principal Place of Business:**

5511 NEBRASKA AVE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

5511 NEBRASKA AVE  
PO BOX 8374  
TAMPA, FL 33674 US

**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:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTS, THOMAS M  
Address: 5608 MACALLAN DRIVE  
City-St-Zip: TAMPA, FL 33625 US

Title: STD  
Name: ROBERTS, SUSAN BRANCH  
Address: 5608 MACALLAN DRIVE  
City-St-Zip: TAMPA, FL 33625 US

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: THOMAS M. ROBERTS

PD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date