## -2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # 475829** 1. Entity Name 04-18-2005 90273 030 \*\*\*150.00 BRANCH MORTGAGE SERVICES, INC. Principal Place of Business Mailing Address 7907 SW 3RD CT. P.O. BOX 915 ISPECUUP NORTH LAUDERDALE FL 33068 POMPANO BEACH FL 33061-0915 2. Principal Place of Business 3. Mailing Address 1,0,60° Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1754318 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOOCH, MARIE Street Address (P.O. Box Number is Not Acceptable) 1850 S OCEAN BLVD #105 POMPANO BEACH FL 33062 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ΡĎ TITLE ☐ Defete KOOCH, GLEN S. NAME NAME STREET ADDRÉSS 7907 SW 3RD CT STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-ZIP □ Delete KOOCH, MARIE T NAME NAME STREET ADDRESS 7907 SW 3RD CT STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP N LAUDERDALE FL 33068 TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TATLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME NAME

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 is

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CiTY-ST-7IP

**FILED**