

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90030 003 ***150.00

DOCUMENT # 612305 1. Entity Name BRANCH SUPPLY, INC.	
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Principal Place of Business 5821 OLD WINTER GARDEN ROAD ORLANDO FL 32835-1411	Mailing Address 5821 OLD WINTER GARDEN ROAD ORLANDO FL 32835-1411
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2. Principal Place of Business - No P.O. Box # Suite, Apt., #, etc.	3. Mailing Address Suite, Apt., #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1905070	Applied For ☐ Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANCH, LEON 5821 OLD WINTER GARDEN ROAD ORLANDO FL 32835	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when submitting to)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANCH, LEON 525 HALEY DR WINDERMERE, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition Natalie D. Branch 525 Haley Dr Windermere FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANCH, NELLIE M 525 HALEY DR WINDERMERE, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Windermere FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANCH, NATHAN 102 TUBB ST OAKLAND FL 34760 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Natalie D. Branch 525 Haley Dr Windermere FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nell Branch 1/24/08 407 295-6538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR