

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90190 049 \*\*\*150.00

**DOCUMENT # 626197**

1. Entity Name  
**BRANFORD SALES, INC.**



Principal Place of Business  
**U.S. HIGHWAY 27 EAST, BOX 238  
BRANFORD, FL 32008**

Mailing Address  
**U.S. HIGHWAY 27 EAST, BOX 238  
BRANFORD, FL 32008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1934270**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HATCH, LEON D.  
U.S. HIGHWAY 27 EAST, BOX 238  
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HATCH, LEON D JR.**  
STREET ADDRESS **6519 US 27 S**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **D** ☐ Delete  
NAME **HATCH, RUDOLPH**  
STREET ADDRESS **REYNOLDS ST P O BOX 238 N/A**  
CITY-ST-ZIP **BRANFORD, FL**

TITLE **D** ☐ Delete  
NAME **HATCH, LEON D SR.**  
STREET ADDRESS **P O BOX 314, HWY 27 E N/A**  
CITY-ST-ZIP **BRANFORD, FL**

TITLE **D** ☐ Delete  
NAME **HATCH, CHARLES E**  
STREET ADDRESS **PO BOX 184, HWY 247 N/A**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **D** ☐ Delete  
NAME **HATCH, WALTER R**  
STREET ADDRESS **HWY 129, P O BOX 238 N/A**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
NAME **Hatch, Leon D. Jr.**  
STREET ADDRESS **6519 US 27 S P.O. Box 314**  
CITY-ST-ZIP **BRANFORD, FL 32008**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Hatch Leon D SR.**  
STREET ADDRESS **26659 Hwy. 247 E P.O. Box 295**  
CITY-ST-ZIP **BRANFORD, FL 32008**

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 exemptions contained 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 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: **Charles E. Hatch** **Charles E. Hatch**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-06** **386-935-1425**  
Date Daytime Phone #