

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 852881

1. Entity Name
JUNG/BRANNEN ASSOCIATES, INC.



Principal Place of Business
**34 FARNSWORTH ST
BOSTON, MA 02210 US**

Mailing Address
**34 FARNSWORTH ST
BOSTON, MA 02210 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2435299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000028201
02/04/04-80016-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANGELL, JERRELL 4 HUTCHINSON STREET MILTON, MA 02186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, JEANNINE 43 SARGENT STREET MELROSE, MA 02176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENDLEBURY, DUNCAN 320 E. SHORE ROAD JAMESTOWN, RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS MACGILLIVRAY, JOHN F. 7 RADCLIFFE TERRACE HALIFAX, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TEVD JOHNSON, BRUCE M 13 CARTER DR FRAMINGHAM, MA 01701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAMAYEK, JOSEPH 30 TRENTON STREET MELROSE, MA

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John F. MacGillivray* **John F. MacGillivray**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2004 (617) 482-2299

Date

Daytime Phone #