

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002518 1. Entity Name THE SUPPLY BRANCH, INCORPORATED	
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Principal Place of Business 22 TOCCI PATH NEWTON CENTER, MA 02459	Mailing Address 22 TOCCI PATH NEWTON CENTER, MA 02459
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08032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2648646	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEAL, JONATHAN H 1048 LAKEBREEZE DRIVE WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NEAL, WENDY 1048 LAKE BREEZE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEAL, JONATHAN 1048 LAKE BREEZE WELLINGTON, FL 33414
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08/15/05-80007-001 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Wendy Neal* 8/11/05 800-223-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #