2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04983

Title:

Name:

Address:

City-St-Zip:

FILED Jan 20, 2009 Secretary of State

Entity Nam	IE: BRANNEN	I BANKS OF FLORIDA, INC.			
Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
320 HIGHWAY 41 SOUTH P.O. BOX 1929 INVERNESS, FL 32651				320 HIGHWAY 41 SOUTH INVERNESS, FL 34450	
Current Mailing Address:			New Mailing Ac	New Mailing Address:	
320 HIGHWAY 41 SOUTH P.O. BOX 1929 INVERNESS, FL 32651			P.O. BOX 1929	320 HIGHWAY 41 SOUTH P.O. BOX 1929 INVERNESS, FL 34451	
FEI Number:	59-2067268	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addi	Name and Address of New Registered Agent:	
BRANNEN, JOE S 320 HIGHWAY 41 SOUTH INVERNESS, FL 32651 US			320 HIGHWAY 4	BRANNEN, JOE S 320 HIGHWAY 41 SOUTH INVERNESS, FL 34450 US	
The above in the State		ubmits this statement for the p	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE:				01/20/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DCP () I BRANNEN II, GE 3300 S PLEASAI INVERNESS, FL	NT GROVE RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVC () I BRANNEN, JOSE 8394 E GULF TO INVERNESS, FL	LAKÉ HWY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VST () I MURPHY, JOSE 8298 E. FAIRWA INVERNESS, FL	Y LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () I OSWALD, H. WA 6701 EAST LOW INVERNESS, FL	/DEN ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPHINE A. MURPHY **SVP** 01/20/2009

() Delete

BRANNEN, JR. FRED H

INVERNESS, FL 34450

404 S. PARK AVE

(X) Change () Addition

LLOYD, JENNIFER T

LECANTO, FL 34461

1210 W. WIND BREEZE CT