2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # F52427 1. Entity Name 04-26-2004 90416 004 ***150.00 D. GLEN BRANNEN, INC. Principal Place of Business Mailing Address 850 HWY 27 LAKE HAMILTON FL P.O. BOX 1627 DUNDEE FL 33838 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) २१२९१ City & State 4. FEI Number City & State Applied For 59-2137751 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, NEAL É. Street Address (P.O. Box Number is Not Acceptable) 300 THIRD ST. N.W. WINTER HAVEN FL 33881 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition ☐ Delete ☐ Change BRANNEN, HOLLIS G NAME NAME STREET ADDRESS HIGHWAY 27 N STREET ADDRESS DUNDEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME BRANNEN, BILLIE S NAME 133 Circle 4 Dr. 129 CIRCLE 4 DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NAME: BRANNEN, DAVID G ---NAME. STREET ADDRESS 133 CIRLCE 4 DR STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP HAINES CITY FL 33844 DT ☐ Change TITLE ☐ Delete TITLE ☐ Addition DUKES, GEORGE A NAME NAME 902 HWY 27 STREET ADDRESS STREET ADDRESS DUNDEE FL 33838 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP 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.

FILED