


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F55530		
1. Entity Name BRANCON, INC.		
Principal Place of Business 4842 DEERMOSS WAY, N. JACKSONVILLE, FL 32217-9303 US		Mailing Address 4842 DEERMOSS WAY, N. JACKSONVILLE, FL 32217-9303 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JETER, WILLIAM H. JR. 91 SAN JUAN DRIVE #2 PONTE VEDRA BEACH, FL 32082		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDENBURGER, PAUL W. 4842 DEERMOSS WAY, N JACKSONVILLE, FL 322179303	
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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, and an address, whether or not changed.		
SIGNATURE: Paul W. Brandenburger		904-730-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2137759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/05/06-80065-013 150.00

**DO NOT WRITE
IN THIS SPACE**