


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # G41649 1. Entity Name BRANNEN BANKS SERVICES, INC.	
---	---

Principal Place of Business % JOSEPH S. BRANNEN 3749 E. PARSON'S PT RD HERNANDO, FL 34442 US	Mailing Address % JOSEPH S. BRANNEN PO BOX 1929 INVERNESS, FL 34451-1929 US
--	---



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2292734	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BRANNEN, JOSEPH S. 320 U.S. HWY. 41 SOUTH INVERNESS, FL 32650

**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

000000051600
02/16/04-80058-007 150.07

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRANNEN, GEORGE H II 3300 S PLEASANT GROVE RD INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCT BRANNEN, JOSEPH S 8394 E GULF TO LAKE HWY INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, JOSEPHINE A. 8298 E FAIRWAY LOOP INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ROMAGNOLO, ALFRED J. 3814 N TIMUCUA POINT CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSWALD, H WAYNE 1380 S WATERVIEW DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DEBRA K. 7760 E. BRECKENRIDGE LOOP INVERNESS, FL

**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: Josephine A. Murphy Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/12/2004 (352) 726-9001
Daytime Phone #