

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 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



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2292734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/06/06-80007-012 150.110

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IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE: *Josephine A. Murphy* **Josephine A. Murphy** **01/18/2006** **(352) 726-9001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #