


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90077 008 \*\*\*150.00

<b>DOCUMENT # G41649</b>	
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
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40003219



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRANNEN, GEORGE H II 3300 S PLEASANT GROVE RD INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Inverness, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCT BRANNEN, JOSEPH S 8394 E GULF TO LAKE HWY INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, JOSEPHINE A. 8298 E FAIRWAY LOOP INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ROMAGNOLO, ALFRED J. 3814 N TIMUCUA POINT CRYSTAL RIVER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Crystal River, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSWALD, H WAYNE 1380 S WATERVIEW DR INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6701 E. Lowden Street Inverness, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DEBRA K. 7760 E. BRECKENRIDGE LOOP INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Inverness, FL 34450

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 01/18/2007 (352) 726-9001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #