

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G41649</b>	
1. Entity Name <b>BRANNEN BANKS SERVICES, INC.</b>	
Principal Place of Business <b>% JOSEPH S. BRANNEN 3749 E. PARSON'S PT RD HERNANDO, FL 34442 US</b>	Mailing Address <b>% JOSEPH S. BRANNEN PO BOX 1929 INVERNESS, FL 34451-1929 US</b>



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2292734</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BRANNEN, JOSEPH S. 320 U.S. HWY. 41 SOUTH INVERNESS, FL 32650</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRANNEN, GEORGE H II 3300 S PLEASANT GROVE RD INVERNESS, FL 34452
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 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ROMAGNOLO, ALFRED J. 3814 N TIMUCUA POINT CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSWALD, H WAYNE 6701 EAST LOWDEN ST INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DEBRA K. 7760 E. BRECKENRIDGE LOOP INVERNESS, FL 34450

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01/24/08-800008-022 150.00

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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 with an address, with all other like empowered.

**SIGNATURE:** Josephine A. Murphy **Josephine A. Murphy** 01/18/2008 352 726-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #