

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41649

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: BRANNEN BANKS SERVICES, INC.

## Current Principal Place of Business:

% JOSEPH S. BRANNEN  
3749 E. PARSON'S PT RD  
HERNANDO, FL 34442 US

## New Principal Place of Business:

## Current Mailing Address:

% JOSEPH S. BRANNEN  
PO BOX 1929  
INVERNESS, FL 344511929 US

## New Mailing Address:

FEI Number: 59-2292734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRANNEN, JOSEPH S.  
320 U.S. HWY. 41 SOUTH  
INVERNESS, FL 32650 US

## Name and Address of New Registered Agent:

BRANNEN, JOSEPH S.  
320 U.S. HWY. 41 SOUTH  
INVERNESS, FL 34450 US

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.

SIGNATURE:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: BRANNEN, GEORGE H II,  
Address: 3300 S PLEASANT GROVE RD  
City-St-Zip: INVERNESS, FL 34452

Title: DVCT ( ) Delete  
Name: BRANNEN, JOSEPH S.  
Address: 8394 E GULF TO LAKE HWY  
City-St-Zip: INVERNESS, FL 34450

Title: S ( ) Delete  
Name: MURPHY, JOSEPHINE A.,  
Address: 8298 E FAIRWAY LOOP  
City-St-Zip: INVERNESS, FL 34450

Title: EV ( ) Delete  
Name: ROMAGNOLO, ALFRED J.  
Address: 3814 N TIMUCUA POINT  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: P ( ) Delete  
Name: OSWALD, H WAYNE  
Address: 6701 EAST LOWDEN ST  
City-St-Zip: INVERNESS, FL 34452

Title: VP ( ) Delete  
Name: SMITH, DEBRA K.  
Address: 7760 E. BRECKENRIDGE LOOP  
City-St-Zip: INVERNESS, FL 34450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE A. MURPHY

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date