

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT# H72699 1. Entity Name PETERS.BRANNING,P.A.		
Principal Place of Business 240 S. PINEAPPLE AVENUE SUITE 704 SARASOTA, FL 34236 US	Mailing Address 240 S. PINEAPPLE AVENUE SUITE 704 SARASOTA, FL 34236 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRANNING,PETERS. 240S.PINEAPPLEAVENUE SUIT704 SARASOTA,FL34236		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's signature required when re-listing) 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRANNING,PETERS. 240SPINEAPPLEAVENUE,SUITE704 SARASOTA,FL34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/14/04 Date 904-955-1400 Daytime Phone#



01132004 NoChg-P CR2E034(10/03)

4. FEI Number
59-2589673 ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1000000007336
01/20/04-80020-015 150.00

**DO NOT WRITE
IN THIS SPACE**