

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92808

Entity Name: BRANCH PROPERTIES, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

335 NE WATULA AVE
OCALA, FL 344705806 US

New Principal Place of Business:

Current Mailing Address:

335 NE WATULA AVE
PO BOX 940
OCALA, FL 344780940 US

New Mailing Address:

PO BOX 940
OCALA, FL 344780940 US

FEI Number: 59-2619868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, GREG C.
335 NE WATULA AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRANCH, GREG C.
Address: 335 N.E. WATULA AVE
City-St-Zip: OCALA, FL 344705806

Title: VPST () Delete
Name: ALLEN, GREGORY S
Address: 335 NE.E WATULA AVE
City-St-Zip: OCALA, FL 344705806

Title: VP () Delete
Name: DESIMONE, RICHARD
Address: 10750 NE 47TH AVE
City-St-Zip: ANTHONY, FL 32617

Title: VP () Delete
Name: SAMKO, RANDY R
Address: 19650 SE 15TH PLACE
City-St-Zip: MORRISTON, FL 32668

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:

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: GREGORY S. ALLEN

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date