

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # K60005

1. Entity Name
BRANNEN PROPERTIES, INC.



Principal Place of Business

**C/O JOE S. BRANNEN
PO BOX 1929
INVERNESS, FL 34451-1929 US**

Mailing Address

**C/O JOE S. BRANNEN
PO BOX 1929
INVERNESS, FL 34451-1929 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2930912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANNEN, JOE S.
320 U.S. 41 SOUTH
INVERNESS, FL 32651-0250**

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**DVT
BRANNEN, JOE S.
8394 EAST GULF TO LAKE HWY
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BRANNEN, GEORGE H., II
3300 S PLEASANT GROVE RD
INVERNESS, FL 34452**

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
**VP
OSWALD, H WAYNE
6701 EAST LOWDEN ST
INVERNESS, FL 34452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000792451
01/24/08-80008-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

01/18/2008 352 726-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #