

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005633

Entity Name: BRANCH REPAIR, INC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

2005 CASSINGHAM CIRCLE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P O BOX 680085
ORLANDO, FL 32868

New Mailing Address:

2005 CASSINGHAM CIRCLE
OCOE, FL 34761

FEI Number: 20-1212307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLDEN, JAMES E
2005 CASSINGHAM CIRCLE
OCOE, FL 34761 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLDEN, JAMES E
Address: P O BOX 680085
City-St-Zip: ORLANDO, FL 32868

Title: VP () Delete
Name: BOLDEN, ANN
Address: P O BOX 680085
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLDEN, JAMES E
Address: 2005 CASSINGHAM CIRCLE
City-St-Zip: OCOE, FL 34761

Title: VP (X) Change () Addition
Name: BOLDEN, ANN
Address: 2005 CASSINGHAM CIRCLE
City-St-Zip: OCOE, FL 34761

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BOLDEN

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date