

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N10521

1. Entity Name
THE SERVANTS BRANCH, INC.



Principal Place of Business
**102 CEDAR POINT LANE
LONGWOOD, FL 32779 US**

Mailing Address
**102 CEDAR POINT LANE
LONGWOOD, FL 32779 US**



02262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2570585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDRY, LESLIE M
102 CEDAR POINT LANE
LONGWOOD, FL 32779-4894**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANDRY, WINNIE
STREET ADDRESS	102 CEDAR POINT LANE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	TD
NAME	WARREN, CASSIDY
STREET ADDRESS	1264 WATERBEACH CT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32779
TITLE	D
NAME	WARREN, MARCY
STREET ADDRESS	1264 WATERBEACH CT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000318643
04/20/05-80067-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Winnie Landry Winnie Landry 4/15/05 407-988-2477