2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002615

1. Entity Name



FILED Jan 27, 2005 8:00 am Secretary of State

01-27-2005 90054 043 ****61.25

BRANCH	ES, INC.	OF RESTORATION		TEL					
Principal Place of Business CENTRAL FL. RESTORATION BRANCH 682 MASON AVE. APOPKA, FL. 32703-4429 US		Mailing Address SEAARB 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724 US			(1887) C 018 C C	Pun etha etha com com etha	OVE		V Q MUUAN
2. Principal P	flace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242005 Chg-NP CR2E037 (10/03)				
City & State	е	City & State						plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired [75 Add Require	litional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regist	tered Age	nt	
			Name			•	-		
	, DANIEL C~ ~ KWELL HEIGHTS DR. FL 32724	Stree		Address (F	P.O. Box Number is N	Not Acceptable)			
			City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	e
	named entity submits this statement folions of registered agent.	or the purpose of changing	its registered office of	or registere	ed agent, or both, in	the State of Florida.	. I am fami	liar with,	and accept
			•		-				
SIGNATURE .	**.		· · · · · · · · · · · · · · · · · · ·						<u> </u>
- 1	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registered Agent signa	nture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005		Campaign Financing d Contribution.		\$5.00 May Be Added to Fees	Florida i	check pa Departme		
10.	Filing Fee is \$61.25	Trust Fund	, .			Florida	Departme	ent of Si	tate
	Filing Fee Is \$61.25 Due by May 1, 2005	Trust Fund	d Contribution.		Added to Fees DDITIONS/CHANGI	Florida	Departme	ent of Si	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	Trust Fund	d Contribution.		Added to Fees DDITIONS/CHANGI	Florida	Departme	TORS IN	10 · ·
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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)(i), 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.

SIG		
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DANIEL C. GILMORE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR