2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000026492** 05-03-2004 91041 030 ***150.00 BRANNON SMALL ENGINE REPAIR, INC. Principal Place of Business Mailing Address 2921 HWY 252 2921 HWY 252 LAKE CITY, FL 32024 LAKE CITY, FL 32024 No Chg-P 04302004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3639216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BRANNON, DENNIS** DO NOT WRITE 16405 31ST RD WELLBORN, FL 32094 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 -TITLE BRANNON, DENNIS NAME+ STREE 16405 31ST RD CITY-ST-ZIP WELLBORN, FL 32094 TITI F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME _ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #