

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90013 001 ***150.00

DOCUMENT # P00000026492

1. Entity Name

BRANNON SMALL ENGINE REPAIR, INC.



Principal Place of Business

2921 HWY 252
LAKE CITY FL 32024

Mailing Address

2921 HWY 252
LAKE CITY FL 32024



2. Principal Place of Business

3. Mailing Address

2nd MOORE

CR2E034 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3639216**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANNON, DENNIS
16405 31ST RD
WELLBORN FL 32094

7. Name and Address of New Registered Agent

Name **Cindy R. Brannon**
Street Address (P.O. Box Number is Not Acceptable)
16405 31ST Rd
City **Wellborn** FL **32094**

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

Cindy R. Brannon

8/2/06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRANNON, DENNIS	
STREET ADDRESS	16405 31ST RD	
CITY - ST - ZIP	WELLBORN FL 32094	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy R. Brannon	
STREET ADDRESS	16405 31ST Rd.	
CITY - ST - ZIP	Wellborn, FL 32094	
TITLE	VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis H. Brannon	
STREET ADDRESS	16405 31ST Rd	
CITY - ST - ZIP	Wellborn, FL 32094	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Cindy R. Brannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06

Date

386 963-1342

Daytime Phone #