

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90224 029 \*\*\*150.00

<b>DOCUMENT # P02000033392</b>						
<b>1. Entity Name</b> BRANNON'S TOWN & COUNTRY WEDDING CHAPEL & PHOTOGRAPHY SERVICES, INC.						
<b>Principal Place of Business</b> 933 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211			<b>Mailing Address</b> 933 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211			
<b>2. Principal Place of Business</b> None		<b>3. Mailing Address c/o Hubert Brannon</b> 3758 Grant Rd				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b>		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 01-0646629		
<b>Zip</b>		<b>Country</b> U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> POWELL-WILLIAMS, JUANITA 2867 LORIMIER TER JACKSONVILLE, FL 32207				<b>7. Name and Address of New Registered Agent</b>		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				FL Zip Code		
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANNON, HUBERT L 933 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3758 Grant Rd Jacksonville, FL 32207	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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 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.</b>						
<b>SIGNATURE:</b> <u>Hubert Lee Brannon</u> <u>Hubert Lee Brannon</u> <u>4/29/04</u> <u>904) 394-3751</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						