## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 08:00 AM Secretary of State

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1. Entity Name

BRANNON'S TOWN & COUNTRY WEDDING CHAPEL & PHOTOGRAPHY SERVICES, INC.



Principal Place of Business

933 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211 Mailing Address

C/O HUBERT L. BRANNON 3758 GRANT ROAD JACKSONVILLE, FL 32207



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| 04252006          | No Chg-P  | CR2E034 (11/05) |                                   |  |  |  |
|-------------------|---|-----------------|-----------------------------------|--|--|--|
| 4. FEI Number     |   |                 | Applied for                       |  |  |  |
| 01-0646           | 6 <u>29                                    </u> |                 | Not Applicable                    |  |  |  |
| 5. Certificate of | Status Desired                                  |                 | \$8.75 Additional<br>Fee Required |  |  |  |

6. Name and Address of Current Registered Agent

POWELL-WILLIAMS, JUANITA 2867 LORIMIER TER JACKSONVILLE, FL 32207

## DO NOT WRITE IN THIS SPACE

|  |  | surpose of changing its registered                 | office or I | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |  |  |  |
|--|--|--|-------------|-------------------------|--|--|--|--|
| the obligations of registered agent.   |  |  |             |                         |  |  |  |  |
| SIGNATURE Signature. lyced or printed name of registered agent and date if applicable (NOTE Registered Agent signature required when reinstating) OATE   |  |  |             |                         |  |  |  |  |
|  | E NOWIII FEE 18 \$150.00<br>ay 1, 2006 Fee will be \$550.00                | Election Campaign Financi Trust Fund Contribution. |             |                         | HOHOON536451<br>05/08/06-80032-018 150.00                    |  |  |  |
| 10.  | OFFICERS AND DIREC   | CTORS  | ,           |                         | · · · · · · · · · · · · · · · · · · ·                        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BRANNON, HUBERT L<br>3755 GRANT ROAD<br>JACKSONVILLE, FL 32207       | -  |             |                         |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPST<br>BRANNON, FLORENCE E J<br>3758 GRANT ROAD<br>JACKSONVILLE, FL 32207 |  |             |                         |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |             | DO                      | NOT WRITE  |  |  |  |
| HAME<br>STREET ADDRESS<br>CITY-SI-ZIP  |  |  |             | IN                      | THIS SPACE   |  |  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  |  |  |             |                         | •  |  |  |  |
| TITLE 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 path; 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. |  |  |             |                         |  |  |  |  |