

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072599

Entity Name: BRANCH AVIATION, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

335 N.E. WATULA AVENUE
OCALA, FL 344705806

New Principal Place of Business:

Current Mailing Address:

P O BOX 940
OCALA, FL 344780940

New Mailing Address:

FEI Number: 76-0705971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOCKER, T. WILLIAM
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRANCH, GREGORY C
Address: 1255 SE 11TH AVE.
City-St-Zip: OCALA, FL 34471

Title: ST () Delete
Name: ALLEN, GREGORY S
Address: 2535 SE 30TH PL
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY S. ALLEN

S

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date