## 2006 FOR PROFIT CORPORATION

## Feb 02, 2006 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P02000110964 02-02-2006 90030 017 \*\*\*158.75 BRANNAN ALUMINUM, INC. CAA0996U Principal Place of Business Mailing Address 8026 SOUTH LAGOON DR. 8026 SOUTH LAGOON DR. PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business 3. Mailing Address 7<u>515 A</u> o.k Holley Cinde Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-P CR2E034 (11/05) City & State City & State 4. FFI Number Applied For <u>Panama</u> 13-4216413 Not Applicable Zip Zip Country \$8.75 Additlonal 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANNAN, JAMES P Street Address (P.O. Box Number is Not Acceptable) 8026 SOUTH LAGOON DR. PANAMA CITY BEACH, FL 32408 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE ☐ Change ☐ Addition BRANNAN, JAMES P NAME NAME STREET ADDRESS 8026 SOUTH LAGOON DR. STREET ADDRESS PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP CITY-ST-712 D TITI F TITLE Delete Change ☐ Addition BRANNAN, JAYNE E NAME NAME 8026 SOUTH LAGOON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 1 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

850-234-67*54* 

FILED

☐ Change

☐ Addition