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May 10, 2004 8:00 am
Secretary of State

04-07-2004 90009 045 ***150.00

4/7/2(

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021736

1. Entity Name
BRANCO ENTERPRISES OF PACE, INC.

[redacted]

01122004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6706 N 9TH AVE BLD C STE 6 PENSACOLA, FL 32504	6706 N 9TH AVE BLD C STE 6 PENSACOLA, FL 32504

2. Principal Place of Business	3. Mailing Address
5070 US 90	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PACE, FLORIDA	City & State:
Zip: 32571 Country: US	Zip: Country:

4. FEI Number: 56-2327261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARD, BRANDON S 6706 N 9TH AVE BLD C STE 6 PENSACOLA, FL 32504	Name: Street Address (P.O. Box Number is Not Acceptable): 4211 LANCASTER GATE City: PACE FL Zip Code: 32571

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) DATE ______

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BRANDON 4211 LANCASTER GATE PACE, FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-31-04 Daytime Phone #: 850-479-3066