2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AN
Secretary of State

ANNUAL REPORT			May 12, 2008 08:00			
DOCUMENT # P0300014401 1. Entity Name BRAN-CO INC. OF LAKE WALES	9		7)	Š	ecrétary	of Sta
3600 HIDDEN HAMMOCK RD 3	alling Address 8600 HIDDEN HAMMOCK RD AKE WALES, FL 33898		1 30 11 11 11 11 11 11 11		I 11811 81811 81811 86181 11	10 10 NT 1 1 10 T
	VI TIUO ODA	· ·	04062008	No Chg-P	CR2E034 (11/	
DO NOT WRITE II	N THIS SPA	CE	4. FEI Number 59-265 5. Certificate		□ \$8.75 Fee Req	Applied For Not Applicable Additional uired
6. Name and Address of Current Regis BRANTLEY, JAMES D 3600 HIDDEN HAMMOCK RD LAKE WALES, FL 33898	nered Agent			NOT W		·
8. The above named entity submits this statement for the partner obligations of registered agent. SIGNATURE Signature, typed or profed name of registered agent and tale.		ed office or register		th, in the State of Flor	ida. I am familiar v	with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	U000009 06/04 <u>/08-8</u>		50.00
10. OFFICERS AND DIRECT TITLE NAME BRANTLEY, JAMES D STREET ADDRESS 3600 HIDDEN HAMMOCK RD CITY-ST-ZIP LAKE WALES, FL 33898 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS		DO	NOT W	RITE	
TITLE NAME		,	IN T	THIS SP	ACE	

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

And 20,2008

Daytime Phone #