

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000144485

1. Entity Name

SCOTT BRANCHEAU INCORPORATED



Principal Place of Business

5035 BULLIS RD
ST CLOUD, FL 34772-7545

Mailing Address

5035 BULLIS RD
ST CLOUD, FL 34772-7545

DO NOT WRITE IN THIS SPACE

FILED
Jun 26, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0465077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

C. Name and Address of Current Registered Agent

BRANCHEAU, SCOTT
5035 BULLIS RD
ST CLOUD, FL 34772-7545

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IN THIS SPACE**

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRANCHEAU, SCOTT
STREET ADDRESS 5035 BULLIS RD
CITY-ST-ZIP ST CLOUD, FL 347727545

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U00000953362
06/26/08-80001-007 150.00

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IN THIS SPACE**

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:

Scott Brancheau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Sec. 6/17/08

Date

Daytime Phone #

407 892-9357