


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90045 038 ***150.00

DOCUMENT # P05000018606

1. Entity Name
JAMES L. BRAYTON, INC.




Principal Place of Business 205 ALPINE CIRCLE BROOKSVILLE, FL 34601	Mailing Address 205 ALPINE CIRCLE BROOKSVILLE, FL 34601
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142008 Chg-P CR2E034 (12/06)

4. FEI Number 76-0777613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAYTON, JUDY
205 ALPINE CIRCLE
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BRAYTON, JAMES
STREET ADDRESS	205 ALPINE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	BRAYTON, PAT
STREET ADDRESS	205 ALPINE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	BRAYTON, JUDY
STREET ADDRESS	205 ALPINE CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WEBB, DEAN
STREET ADDRESS	8290 NORMALEE RD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **PAT BRAYTON** **2/21/08** **352/796-4840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #