

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90023 039 \*\*\*150.00

<b>DOCUMENT # P05000122885</b> 1. Entity Name <b>BRANCH ENDEAVORS, INC.</b>																													
Principal Place of Business <b>657 HWY 27 MOORE HAVEN FL 33471</b>				Mailing Address <b>657 HWY 27 MOORE HAVEN FL 33471</b>																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 400</b> Suite, Apt. #, etc.																											
City & State <b>MOORE HAVEN, FL.</b>		City & State <b>MOORE HAVEN, FL.</b>		4. FEI Number <b>20-3550015</b>																									
Zip <b>33471</b>		Country <b>GLADES</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>BRANCH, ARCHIE B 657 HWY 27 MOORE HAVEN FL 33471</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 resigning) _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable</small>																													
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRANCH, JOSEPH P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 430</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MOORE HAVEN FL 33471</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BRANCH, JOSEPH P		STREET ADDRESS	PO BOX 430		CITY - ST - ZIP	MOORE HAVEN FL 33471		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fee empowered.																													
SIGNATURE: <u><i>Archie Branch</i></u> <span style="float: right;">1/25/06 863-946-1444</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													