

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90047 033 \*\*\*158.75

**DOCUMENT # P37440**

1. Entity Name

**BRANDON CAPITAL CORPORATION**



Principal Place of Business

**2010 HARBOR TOWN  
SUITE 1  
FORT PIERCE FL 34946  
US**

Mailing Address

**2010 HARBOR TOWN  
SUITE 1  
FORT PIERCE FL 34946  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-1624504**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R., ESQ.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

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

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**

**Make Check Payable to Florida Department of State**

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 **CP** ☐ Delete  
NAME **HESSEE, CLAUDE T**  
STREET ADDRESS **215 GLENGARRY AVE.**  
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **C** ☒ Change ☐ Addition  
NAME **HESSEE, CLAUDE T.**  
STREET ADDRESS **215 GLENGARRY AVE.**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **DS** ☐ Delete  
NAME **HESSEE, PATRICIA A**  
STREET ADDRESS **215 GLENGARRY AVE.**  
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☒ Change ☐ Addition  
NAME **HESSEE, PATRICIA A.**  
STREET ADDRESS **215 GLENGARRY AVE.**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **V** ☐ Delete  
NAME **PLATA, FRANK S**  
STREET ADDRESS **3700 N. HARBOR CITY BLVD STE.2**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VC** ☐ Delete  
NAME **HESSEE, MARK**  
STREET ADDRESS **6545 FLORIDANA AVENUE**  
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **HESSEE, MARK S.**  
STREET ADDRESS **6545 FLORIDANA AVE.**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/H** ☐ Change ☒ Addition  
NAME **HESSEE, CLAUDIA S.**  
STREET ADDRESS **4680 SUNRISE BLVD.**  
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**MARK HESSEE**

**2/16/04**

**772-460-3833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #