


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000009979 1. Entity Name BRANNEN MORTGAGE COMPANY, INC.	
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Principal Place of Business 204 W. MAIN ST. INVERNESS, FL 34450	Mailing Address P.O. BOX 1929 INVERNESS, FL 34451-1929
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3161002	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRANNEN, JOE S 320 U.S. 41 SOUTH INVERNESS, FL 34450
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000051607 02/16/04-80058-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRANNEN, GEORGE H II 3300 S. PLEASANT GROVE ROAD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BRANNEN, JOE S 8394 E GULF TO LAKE HWY INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSWALD, WAYNE H. 1380 S. WATERVIEW INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, JOSEPHINE A. 8298 E FAIRWAY LOOP INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOTCHKISS, LINDA M 1498 A ALTO VERDE TERRACE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Josephine A. Murphy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Secretary <small>Daytime Phone #</small>	2/12/2004 <small>Date</small>	(325) 726-9001 <small>Daytime Phone #</small>
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