


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000009979 1. Entity Name BRANNEN MORTGAGE COMPANY, INC.	
---	---

Principal Place of Business 204 W. MAIN ST. INVERNESS, FL 34450	Mailing Address P.O. BOX 1929 INVERNESS, FL 34451-1929
---	--

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3161002	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

BRANNEN, JOE S
320 U.S. 41 SOUTH
INVERNESS, FL 34450

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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

1000000140792
01/24/05-80147-013 150.00

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 Josephine A. Murphy 1/20/2005 (325) 726-9001

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