

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90035 043 ***150.00

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1. Entity Name
BRANCH ASSOCIATES, INC.



Principal Place of Business

1400 SEAFARER DR
OSPREY, FL 34229

Mailing Address

P.O. BOX 547
OSPREY, FL 34229

54006605



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0641009

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN ST. S-600
SARASOTA, FL 34237

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BRANCH, PAUL C
STREET ADDRESS 1400 SEAFARER DR
CITY-ST-ZIP OSPREY, FL 34229
138 WINDWARD DR

TITLE VSD ☐ Delete
NAME BRANCH, MARY E
STREET ADDRESS 6044 N OCEAN BLVD S-1
CITY-ST-ZIP OCEAN RIDGE, FL 32065
18 NW 12TH ST
Delray Beach
33444

TITLE TD ☐ Delete
NAME BRANCH, DANIEL J
STREET ADDRESS 240 N WASHINGTON BLVD 7TH FL
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

P.C. Branch
P.C. BRANCH

2-12-04 914-3260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #