


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000010581		
1. Entity Name BRANCH ASSOCIATES, INC.		
Principal Place of Business 1483 SEAFARER DR OSPREY, FL 34229		Mailing Address P.O. BOX 547 OSPREY, FL 34229
DO NOT WRITE IN THIS SPACE		
		03142005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0641009		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PFLUGNER, J. GEOFFREY 2033 MAIN ST. S-600 SARASOTA, FL 34237		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 reappointing) 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	PD BRANCH, PAUL C 138 WINDOWARD DR. OSPREY, FL 34229	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRANCH, MARY E 18 NW 12TH ST. DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANCH, DANIEL J 240 N WASHINGTON BLVD 7TH FL SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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: <u>P.C. BRANCH</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-04-05 941 914-3260 Date Daytime Phone #