

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90286 032 ***150.00

DOCUMENT # P96000036071

1. Entity Name

BRANSON COSMETICS, INC.



Principal Place of Business

2469 W. US HWY 90
STE 142
LAKE CITY FL 32055
US

Mailing Address

2469 W. US HWY 90
STE 142
LAKE CITY FL 32055
US

2. Principal Place of Business

6002 SE Country Club Rd.

Suite, Apt. #, etc.

3. Mailing Address

6002 SE Country Club Rd.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32025

Country

USA

Zip

32025

Country

USA

4. FEI Number

59-3388060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANSON, SHIRLEY J
2469 W. US HWY 90
SUITE 142
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name Shirley J. BRANSON

Street Address (P.O. Box Number is Not Acceptable)

6002 SE Country Club Rd.

City

Lake City

FL

Zip Code

32025

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

Shirley J. Branson

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

(NOTE: Registered Agent signature required when reinstating)

04/13/2004

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

TITLE ST
NAME BRANSON, SHIRLEY J
STREET ADDRESS 2469 W. US HWY 90., STE. 142
CITY-ST-ZIP LAKE CITY FL 32055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST
NAME Shirley J. BRANSON
STREET ADDRESS 6002 SE Country Club Rd.
CITY-ST-ZIP LAKE City, FL 32025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Shirley J. Branson
Shirley J. BRANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04

Date

(386) 755-6458

Daytime Phone #