2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P96000056853 1. Entity Name BRANCH REAL ESTATE SERVICES, INC.				Secretary of State			
Procipal Place 385 N.E. WAT OCALA, FL 3	TULA AVENUE	fäiling Address 335 N.E. WATULA AVENUE OCALA, FL 34470-5806		ر الله الله الله الله الله الله الله الل			
D	O NOT WRITE I	N THIS SPAC	OE .	04262005 4. FEI Number 59-3398 5. Certificate	No Chg-P 8749 of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent			N BARRETTE BALL		
GREG C. E 335 NE WA OCALA, FL	ATULLA AVENUE	DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for the ions of registered agent. Signature, typed or printed name or registered agent and talk		d office or register		h, in the State of Flo	orida I am familiar with, and accept	
FIL! After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees	19890 1930 oo sa	00345591 - 00041 316 450 50 -	
10.	DP OFFICERS AND DIRE	CTORS	-	The same of the same of	ration of the contraction	7 80841 318 150.68 -	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANCH, GREGORY C 335 N.E. WATULA AVENUE OCALA, FL 344705806	enter the second of		Manager (\$2 mag)			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP THE NAME		7.5	ε- :∸ <u>1-</u>	# # 1	n ni nia waar waar Mana A	e tager move	

12. I hereby certify that the information supplied with this filing does not quality for the examption 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 of 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

352-732-4143

Öəylime Phone ≠