## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED**

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DOCU	MENT # P960000568				cretary of State	
1. Entity Name BRANCH REAL ESTATE SERVICES, INC.				<b>}</b>		•
Principal Plac	ce of Business	Mailing Address	·	1		
	ATULA AVENUE 34470-5806	335 N.E. WATULA AVENUE OCALA, FL 34470-5806				
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DO NOT WRITE IN THIS SPA			CE	02042006	No Chg-P	CR2E034 (11/05)
			ŲĽ.	4. FEI Numb		Applied For Not Applicable
					e of Status Desired	\$8.75 Additional Fee Reguired
	6. Name and Address of Current Reg	istered Agent				r ee rieduleo
GREG C. BRANCH 335 NE WATULLA AVENUE				M	MOT M	, had to the feature of the feature
			DO NOT WRITE			
OCALA, FL 34470			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	Signature, typed or printed name of registered agent and ti	d Agent signature require	ប់ អោមក ការិការដេចច្នៅ		DATE	
EII	.E NOW!!! FEE IS \$150.00	9. Election Campaign Finar	ncing \$5	5.00 May Be		
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			☐ Add	ded to Fees		
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME	DP BRANCH, GREGORY C		1			
STREET ADDRESS	335 N.E. WATULA AVENUE					
CITY-ST-ZIP	OCALA, FL 344705806				ن در	رياد اس رياد رياد رياد ر
NAME					ປປປປ ກວນວົດນີ້ດີ	0426036 i-80026-023 150.00
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STREET ADDRESS CITY+ST-ZIP						
TITLE		<del> </del>	1			
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE

GREGORY C. BRANCH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-732-4143