2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2004 8:00 am Secretary of State 05-13-2004 90012 020 ***150.00

DOCUMENT # P9700028546 1. Entity Name BRANNEN HOLDINGS OF PEABODY, INC.						03 13 200	190012 02	.0 13	0.00
Principal Place of Business 17 W. CEDAR ST SUITE 2 PENSACOLA, FL 32501		Mailing Address P.O. BOX 940 GULF BREEZE, FL 32562-0940			54054181				
<u> 2800</u>	lace of Business Dolano St.	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc. City & State			05102004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For				
	acola FL				4. FEI Numb 59-345			 	t Applicable
32505 Country S		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BRANNEN, DAVID A 17 W CEDAR ST SUITE 2 PENSACOLA, FL 32501				Street Address (P.O. Box Number is Not Acceptable)					
				Cirpensacola FL Zip Code 32505					
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final Trust Fund Contribution.					5.00 May Be dded to Fees	In accordance corporation di	d not receive	the prior n	notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNEN, DAVID A P.O. BOX 940 GULF BREEZE, FL 325620940	OX 940			ADDITIONS	/CHANGES TO OI		DIRECTORS Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				I .	☐ Change ☐ Addition				☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ DeleIz		I .				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				II				Change	Addition
indicated of the co	certify that the information supplied with don this report or supplemental report is reporation or the receiver or trustee empore, or on an attachment with an address,	true and accurate and that owered to execute this repor	my signat t as requir	ture shall have th	ne same legal effe	ct as if made unde	er oath; that I a	m an officer	or director