

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000029244

1. Entity Name  
BRANCO ENTERPRISES OF FORT WALTON, INC.



**FILED  
Apr 13, 2005 8:00 am  
Secretary of State**

04-13-2005 90070 034 \*\*\*150.00

Principal Place of Business 417 MARY ESTHER CUTOFF NW FORT WALTON BEACH, FL 32548		Mailing Address 6706 N. 9TH AVENUE SUITE 6-BLDG. C PENSACOLA, FL 32504	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  WARD, BRANDON 4211 LANCASTER GATE PACE, FL 32571			
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City PACE FL Zip Code			



02212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3504972		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  WARD, BRANDON 4211 LANCASTER GATE PACE, FL 32571		
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City PACE FL Zip Code		

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 title if applicable.) (NOTE: Registered Agent signature required when reinstating) 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 D NAME WARD, BRANDON STREET ADDRESS 4211 LANCASTER GATE CITY-ST-ZIP PACE, FL 32571		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  <input type="checkbox"/> Delete	
TITLE D NAME WARD, JOE STREET ADDRESS 4211 LANCASTER GATE CITY-ST-ZIP PACE, FL 32571		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 850-479-3066

Date

Daytime Phone #