## 2007 FOR PROFIT CORPORATION

## Jan 23, 2007 8:00 am Secretary of State ANNUAL REPORT 01-23-2007 90017 017 \*\*\*150.00 DOCUMENT # P99000111647 1. Entity Name BRANNEN TITLE, INC. Principal Place of Business Mailing Address 60004910 320 US HWY 41 S 320 US HWY 41 S INVERNESS, FL 34450 INVERNESS, FL 34450 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 EEI Number 59-3619075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSWALD, H WAYNE DO NOT WRITE 320 US HWY 41 S INVERNESS, FL 34450 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, typett or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRANNEN, GEORGE H III NAME STREET ADDRESS 320 U.S. HIGHWAY 41 SOUTH INVERNESS, FL 34450 CITY-ST-70P VΡ TITLE BRANNEN, JOE S 320 U.S. HIGHWAY 41 SOUTH STREET ADDRESS INVERNESS, FL 34450 CITY-ST-ZIF TITLE OSWALD, H.W. NAME STREET ADDRESS 320 U.S. HIGHWAY 41 SOUTH DO NOT WRITE CITY-ST-ZIP INVERNESS, FL 34450 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this 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 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 atta

**SIGNATURE** 

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

> H. Wayne Oswald SIGNING OFFICER OR DIRECTOR

01/18/2007

(352) 726-9001

FILED

Daytime Phone #