

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90021 047 ***150.00

DOCUMENT # S03264	
1. Entity Name BRANNAN PLUMBING, INC.	

Principal Place of Business #1 BRANNAN WAY P.O. BOX 69 YULEE, FL 32041	Mailing Address P.O. BOX 69 YULEE, FL 32097
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DO NOT WRITE IN THIS SPACE

05022006 No Chg-P CR2E034 (11/05)

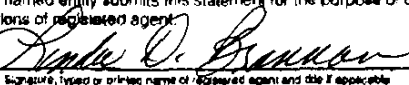
4. FEI Number
59-3024217Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMONIC, NICHOLAS T.
5860 MT. CARMEL TERRACE
JACKSONVILLE, FL 32207****DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when resigning)

5/2/06

DATE

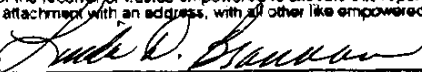
**FILE NOW!! FEE IS \$150.00
Due by September 8, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANNAN, LINDA A #1 BRANNON WAY PO BOX 69 YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANNAN, LEON C PO BOX 69 YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANNAN, LINDA D PO BOX 69 YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/06 (904) 225-5419

Date

Daytime Phone #