

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000079667
 1. Entity Name
 BANANA LAKE CORPORATE COMMUNICATIONS INC



Principal Place of Business
 2856 CARRIE LANE
 LAKELAND, FL 33812

Mailing Address
 2856 CARRIE LANE
 LAKELAND, FL 33812



03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-5020041 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ASHLEY, PATRICIA JILL
 2856 CARRIE LANE
 LAKELAND, FL 33812

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	ASHLEY, PATRICIA JILL 2856 CARRIE LANE LAKELAND, FL 33812
TITLE DIR	ASHLEY, FRANK M III 2856 CARRIE LANE LAKELAND, FL 33812
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

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 04/02/08-90022-013-150.00

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: Patricia Jill Ashley Patricia Jill Ashley 3.15.08 863 446.1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #