2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 14, 2005 08:00 AM DOCUMENT # V10602 **Secretary of State** 1. Entity Name ANNA BANANAS II, INC. Principal Place of Business Mailing Address 11061 SPRINGHILL DRIVE SPRINGHILL FL 34606 11061 SPRINGHILL DRIVE SPRINGHILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3103778 Not Applicable Zip Country Zīp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLEGG, THERESA 7523 JASMINE BLVD PORT RICHEY FL 34668 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 | 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Delete THE ☐ Addition CLEGG, RANDY H. MAME MAME U00000229007 7523 JASMINE BLVD. STREET ADDRESS STREET ADDRESS 02/14/05-80060-020 150.00 CITY-ST-ZIP PORT RICHEY FL CITY-ST-ZIP DSFT THLE Delete DITLE ☐ Change Addition CLEGG, THERESA NAME STREET ADDRESS 7523 JASMINE BLVD STREET ADDRESS CITY-ST-7IP PORT RICHEY FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Deleta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- AP TIME Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

STANING OFFICER OR DIRECTOR

Date

Daytme Phone #

FILED