


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 019 ***150.00

DOCUMENT # 380017 1. Entity Name C.W. BANKSTON CONST. CO., INC.					
Principal Place of Business 1321 EDGEWATER DRIVE SUITE 6 ORLANDO, FL 32804 US				Mailing Address P.O. BOX 536785 ORLANDO, FL 32853-6785 US	
2. Principal Place of Business 665 Harold Avenue Suite, Apt. #, etc. Suite A City & State Winter Park, FL Zip 32789		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country US			
4. FEI Number 59-1347552				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANKSTON, JAMES W 1321 EDGEWATER DRIVE SUITE 6 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 665 Harold Ave., Suite A City Winter Park, FL Zip Code 32789		
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 <u><i>James W. Bankston</i></u> 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKSTON, CHESTER W 1321 EDGEWATER DRIVE, SUITE 6 ORLANDO, FL 32804	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BANKSTON, ALWILDA S 1321 EDGEWATER DRIVE, SUITE 6 ORLANDO, FL 32804	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>James W. Bankston</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		James W. Bankston 4/27/05 407-622-8802 <small>Date Daytime Phone #</small>			