2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

DOCUMENT # 380017 1. Entity Name C.W. BANKSTON CONST. CO., INC.		
Principal Place of Business 665 HAROLD AVENUE SUITE A WINTER PARK, FL 32789 US	Mailing Address P.O. BOX 536785 ORLANDO, FL 32853-6785 U	rs



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01042006 Applied For

4. FEI Number 59-1347552

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

BANKSTON, JAMES W 665 HAROLD AVE SUITE A

DO NOT WRITE IN THIS SPACE

WINTER PARK, FL 32789			IN THIS STACE		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE. Registered			Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🖸	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKSTON,CHESTER W 665 HAROLD AVE., SUITE A WINTER PARK, FL 32789				
TITLE NAME STREET AUDRESS CITY-ST-ZIP	DS BANKSTON, ALWILDA S 665 HAROLD AVE., SUITE A _ WINTER PARK, FL 32789				U00000559780 05/18/06-80012-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BANKSTON, JAMES W. 665 HAROLD AVE., SUITE A WINTER PARK, FL 32789			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-S1-ZIP					

12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachpent with an address, with all other like empowered.

SIGNATURE: