## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #380017**

1. Entity Name

C.W. BANKSTON CONST. CO., INC.



Principal Place of Business

Mailing Address

665 HAROLD AVENUE

SUITE A

WINTER PARK, FL 32789 US

P.O. BOX 536785

ORLANDO, FL 32853-6785 US

## **FILED** May 01, 2007 8:00 am Secretary of State

05-01-2007 90027 028 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1347552

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BANKSTON, JAMES W 665 HAROLD AVE SUITE A WINTER PARK, FL 32789

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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 reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKSTON,CHESTER W 665 HAROLD AVE., SUITE A WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BANKSTON, ALWILDA S -665 HAROLD AVE., SUITE A WINTER PARK, FL 32789		*** *		The same of the sa
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 ADORESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					No.
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					