

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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 US



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000932879
05/22/08-80072-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BANKSTON, CHESTER W
STREET ADDRESS	665 HAROLD AVE., SUITE A
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DS
NAME	BANKSTON, ALWILDA S
STREET ADDRESS	665 HAROLD AVE., SUITE A
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	V
NAME	BANKSTON, JAMES W.
STREET ADDRESS	665 HAROLD AVE., SUITE A
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

James Bankston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

407-622-8802

Daytime Phone #