


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 530518</b> 1. Entity Name <b>BANKS PROPERTIES, INC.</b>	
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Principal Place of Business <b>5473 MICHLAR DR. LAKE WORTH, FL 33467</b>	Mailing Address <b>5473 MICHLAR DR. LAKE WORTH, FL 33467</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>37-1028960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BANKS, MIKE 5473 MICHLAR DR. LAKE WORTH, FL 33467</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT <b>BANKS, MIKE 5473 MICHLAR DRIVE LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BANKS, MIKE 5473 MICHLAR DRIVE LAKE WORTH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BANKS, PAMELA 5473 MICHLAR DRIVE LAKE WORTH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000750102 05/18/07-80049-008 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Mike Banks **MIKE BANKS** **4-25-07** **561-968-2341**  
Date Daytime Phone #