


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90017 003 ***150.00

DOCUMENT # 582916 1. Entity Name BANKS ASSOCIATES, INC.					
Principal Place of Business 1211 S MILITARY TRAIL DEERFIELD BCH, FL 33442 US			Mailing Address 1211 S MILITARY TRAIL DEERFIELD BCH, FL 33442 US		
2. Principal Place of Business - No P.O. Box # 1211 S. Military Trail		3. Mailing Address 1211 S. Military Trail			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL			
Zip 33442-7632		Zip 33442-7632		Country USA	
Country USA		4. FEI Number 34-1038814			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENDRICKS, ROBERT J. 1211 S MILITARY TRAIL DEERFIELD BCH, FL 33442			7. Name and Address of New Registered Agent Name Hendricks, Robert J. Street Address (P.O. Box Number is Not Acceptable) 1211 S. Military Trail Suite 200 City Deerfield Beach FL Zip Code 33442		
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>Robert J. Hendricks</i></u> ROBERT J. HENDRICKS 2-14-08 <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, 2008 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 BANKS, DAVID P <input type="checkbox"/> Delete 1211 S MILITARY TRAIL DEERFIELD BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Banks, David P. 1211 S. Military Trail, Suite 200 Deerfield Beach, FL 33442-7632	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BANKS, DAVID P <input type="checkbox"/> Delete 1211 S MILITARY TRAIL DEERFIELD BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Banks, David P. 1211 S. Military Trail, Suite 200 Deerfield Beach, FL 33442-7632	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAZIN, DANIEL O <input type="checkbox"/> Delete 1211 SOUTH MILITARY TRAIL DEERFIELD BCH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frazin, Daniel O. 1211 S. Military Trail, Suite 200 Deerfield Beach, FL 33442-7632	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: <u><i>David P. Banks</i></u> DAVID P. BANKS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-14-08 454 480 2611 <small>Date Daytime Phone #</small>		