

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 038 ***150.00

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1. Entity Name

BANNA CORP.



Principal Place of Business

1 NE EGLIN PARKWAY
FORT WALTON BEACH FL 32548

Mailing Address

1 NE EGLIN PARKWAY
FORT WALTON BEACH FL 32548

2. Principal Place of Business - No P.O. Box #

1 NE Eglin Parkway
Suite, Apt. #, etc.

3. Mailing Address

1 NE Eglin Parkway
Suite, Apt. #, etc.

City & State

Ft Walton Beach, FL

City & State

Ft Walton Beach, FL

4. FEI Number 59-3778059

Applied For

Not Applicable

Zip

32548

Country

Okaloosa

Zip

32548

Country

Okaloosa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME KUMWIANG, ANGKANALUCK
STREET ADDRESS 17 SHELL AVE SE C6
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☒ Delete

TITLE VPS
NAME KUMWIANG, SANGIAM
STREET ADDRESS 17 SHELL AVE SE C6
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☒ Delete

TITLE PT
NAME KUMWIANG, ANGKANALUCK
STREET ADDRESS 65 OLDE CYPRESS CIR
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

TITLE VPS
NAME KUMWIANG, SANGIAM
STREET ADDRESS 65 OLDE CYPRESS CIR
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME KUMWIANG ANGKANALUCK
STREET ADDRESS 65 Olde Cypress Circle
CITY-ST-ZIP Ft Walton Beach, FL 32548 ☐ Change ☐ Addition

TITLE VPT
NAME KUMWIANG SANGIAM
STREET ADDRESS 65 Olde Cypress Circle
CITY-ST-ZIP Ft Walton Beach, FL 32548 ☐ Change ☐ Addition

TITLE Secretary
NAME KUMWIANG LEN
STREET ADDRESS 65 Olde Cypress Circle
CITY-ST-ZIP Ft Walton Beach, FL 32548 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 (850) 243-5748

Date

Daytime Phone