2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM DOCUMENT # F12062 **Secretary of State** BANYON PROPERTIES, INC. Principal Place of Business Mailing Address 1316 BERRIPATCH PL 1335 BERRIPATCH PL STE #7 STE #1 MELBOURNE, FL 32935 US MELBOURNE, FL 32935 US No Chg-P CR2E034 (10/03) 04202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2047949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOLEY, VIRGINIA DO NOT WRITE 1335 BÉRRIPATCH PL STE 1 IN THIS SPACE MELBOURNE, FL 32935 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. and the second of the second of र पुरस्कार प्रदेश के निर्माण के प्रदेश के प्रदेश के प्रदेश कर है। इस प्रदेश के प्रदेश के प्रदेश कर के प्रदेश के SIGNATURE Signature, typed or printed name of requiremed open and title if applicable. [NOTE Registered Agent argument required when renastating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVTD** TITLE NAME FOLEY, DONALD E STREET ADDRESS 1335 BERRI PATCH PL ----U000000336743 CITY-ST-ZIP MELBOURNE, FL 32935 04/27/05-80138-015 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 thistee 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. 321)253 VICAINLA SIGNATURE: 4 SURATURE AND TYPED OR PRINTED HAME OF