

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 002 ***150.00

DOCUMENT # F97000004588

1. Entity Name
AMERICAN BANNER RESOURCES, INC.



Principal Place of Business
**P.O. BOX 789
PALM BEACH, FL 33480**

Mailing Address
**P.O. BOX 789
PALM BEACH, FL 33480**

40110306



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06102008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

95-3691114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, THOMAS A.N.
1440 NORTH LAKE WAY
PALM BEACH, FL 33480**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/D
MILLER, THOMAS A.N. ☐ Delete
STREET ADDRESS
225 WEST STATION SQ. DRIVE, SUITE 200
CITY-ST-ZIP
PITTSBURGH, PA 15219

TITLE
NAME
☒ Change ☐ Addition
STREET ADDRESS
244 PALMO WAY, PALM BEACH
CITY-ST-ZIP
FL, 33480

TITLE
NAME
STD
CSENDES, NICHOLAS ☐ Delete
STREET ADDRESS
225 WEST STATION SQ. DRIVE, SUITE 200
CITY-ST-ZIP
PITTSBURGH, PA 15219

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

Thomas A. N. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-08 561-880-0487

Date

Daytime Phone #