

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # H74931

1. Entity Name
BANKS BROTHERS MARINE CONTRACTORS, INC.



Principal Place of Business

**16360 JOHN MORRIS RD.,
FORT MYERS, FL 33908**

Mailing Address

**16360 JOHN MORRIS RD.,
FORT MYERS, FL 33908**



02152006 No Chg-P CRZE034 (11/06)

4. FEI Number
59-2788968

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEDERSEN, KJELL
2555 ESTERO BLVD
FT. MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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 registering agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BANKS, J. DARIN
STREET ADDRESS	16360 JOHN MORRIS RD.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	PSD
NAME	BANKS, R. DARRELL
STREET ADDRESS	16360 JOHN MORRIS RD.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519475
05/02/06-80055-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06

0416

0416