


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 043 ***150.00

| | | |
|--|--|---|
| DOCUMENT # J05278 | |  |
| 1. Entity Name BANG LAND COMPANY | | |

| | |
|---|---|
| Principal Place of Business 1601 FORUM PLACE 900 WEST PALM BEACH, FL 33401 US | Mailing Address 1601 FORUM PLACE 900 WEST PALM BEACH, FL 33401 US |
|---|---|

54060808

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

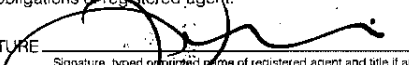
07062004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2670098 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|--|--|---|----|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STEVENS, TRACY L 1897 PALM BEACH LAKES BLVD., SUITE 222 WEST PALM BEACH, FL 33404 | | Name Same | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place | |
| | | Suite 900 | |
| | | City West Palm Beach | FL |

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  | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|------|

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| | | | |
|----------------------------|---|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | READ, WILLIAM A JR | NAME | |
| STREET ADDRESS | 850 SO. COUNTY RD. | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH, FL | CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONNELLY, THORNE B | NAME | |
| STREET ADDRESS | 4 VIA VISCAYA | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH., FL | CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARINA, JOHN | NAME | |
| STREET ADDRESS | 1601 FORUM PLACE; STE 900 | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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  | 2/6/04 | Date | Daytime Phone # |
|---|--------|------|-----------------|