

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90295 004 ***150.00

DOCUMENT # K42004

1. Entity Name
CHARLES BANKS AND SONS, INC.



Principal Place of Business
**636 HARDIN AVENUE
PAHOKEE, FL 33476**

Mailing Address
**P. O. BOX 579
PAHOKEE, FL 33476**

24061747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0084823

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

**BANKS, CHARLES W.
1204 VAUGHN CIRCLE
BELLE GLADE, FL 33430**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BANKS, CHARLES	
STREET ADDRESS	1204 VAUGHN CIRCLE	
CITY- ST- ZIP	BELLE GLADE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONLEY, ADA BUSH	
STREET ADDRESS	16502SW MORGAN RD	
CITY- ST- ZIP	INDIANTOWN, FL 34956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Ada Bush Conley

Ada Bush Conley

4-28-04

561-924-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #