2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # L32518 1. Entity Name BANNER FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 13799 PARK BLVD N #113 SEMINOLE FL 33776 9000 COMMODORE DR 507 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEi Number 59-2981030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGMAN, MARY R Street Address (P.O. Box Number is Not Acceptable) 9000 COMMDORE DRIVE #507 SEMINOLE FL 33776 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 rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. U0000031 7899 □ Addition 04/20/05-80025-008 150.00 THE Delete TITLE WAGMAN, RONALD C NAME NAME STREET ADDRESS 9000 COMMODORE DR #507 STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY - ST- ZIP PST TITLE Delete TILLE Change ☐ Addition WAGMAN, MARY R NAME NAME STREET ADDRESS 9000 COMMODORE DR #507 STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME JEFFERY C WAGMAN NAME STREET ADDRESS STREET ADDRESS 9000 COMMODORE DR #507 SEMINOLE FL 33776 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MAME MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP 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 1 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.

FILED

SIGNATURE: MALE VED OR PRINTED NAMED OF PICE OR DIRECTOR 18/05 Date Desire Desi