2003 FOR PROFIT CORPORATION

UN	03 FOR PROFIFORM BUSINIMENT # L3251	ESS REPO			FILED Apr 14, 2003 8:00 am Secretary of State	
DOCUMENT # L32518 1. Entity Name' BANNER FINANCIAL GROUP, INC.					04-14-2003 90761 042 ***150.00	
Principal Place of Business 9000 COMMODORE DR 507 SEMINOLE FL 33776 US		Mailing Address 13799 PARK BLVD N #113 SEMINOLE FL 33776 US				
2. Principal Place of Business 3. Mailing Addres						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State .		City & State			4. FEI Number 59-2981030 Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Registered Agent	
	* · · · · ·	+		Name		
	, MARY R #MDORE DRIVE #507 E FL 33776			Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
the obligation of the obligati	Signature, typed or printed name of registered agen ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	t and title if applicable. (F	-	ed office or register d Agent signature required	when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
Make Check	Payable to Florida Department	of State				
NAME STREET ADDRESS CITY-CA ZIP	D WAGMAN, RONALD C 9000 COMMODORE DR #507 SEMINOLE FL*33776	D DIRECTORS Delete	1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 2005 Change Addition 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST # WAGMAN, MARY R 9000 COMMODORE DR #507 SEMINOLE FL 33776	☐ Delete			☐ Change ☐ Addition 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 7 JEFFERY C WAGMAN 9000 COMMODORE DR #507 SEMINOLE FL 33776	☐ Delete		E E ET ADDRESS .	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE		☐ Change ☐ Addition	

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

727593022

☐ Change

Addition