

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90104 014 ****61.25

DOCUMENT # N03000003229

1. Entity Name
BANANA BREAD FOR THE TROOPS, INC.



Principal Place of Business

**836 CANE PALM STREET
LARGO, FL 33778-1362**

Mailing Address

**836 CANE PALM STREET
LARGO, FL 33778-1362**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
05-0563743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, BARBARA K
836 CANE PALM STREET
LARGO, FL 33778-1362**

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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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, ALBERT F JR.
STREET ADDRESS	836 CANE PALM STREET
CITY-ST-ZIP	LARGO, FL 337781362
TITLE	D
NAME	DAVIS, BARBARA K
STREET ADDRESS	836 CANE PALM STREET
CITY-ST-ZIP	LARGO, FL 337781362
TITLE	D
NAME	DAVIS, WILLIAM F
STREET ADDRESS	11 CLARK DRIVE 3121 West Small Road
CITY-ST-ZIP	LA PORTE, IN 46350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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:

Barbara K. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara K. Davis, Secretary/Treasurer

12 January 2006 (727) 581-3988

Date

Daytime Phone #