
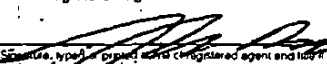



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90130 001 \*\*\*150.00

<b>DOCUMENT # P00000041386</b>					
1. Entity Name <b>BANTOCK ENTERPRISES, INC.</b>					
Principal Place of Business <b>37100 US 19TH NORTH PALM HARBOR FL 34684</b>			Mailing Address <b>37100 US 19TH NORTH PALM HARBOR FL 34684</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1003414</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BANTOCK, RICH</b> <b>2531 E. MILMAR DRIV</b> <b>SARASOTA FL 34237</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>37100 US Hwy 19 N</b>		
			City <b>PalM HARBOR</b>		
			State <b>FL</b> Zip Code <b>34684</b>		
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  DATE <b>4/26/05</b> <small>Signature, typed or printed name of registered agent and fee applicant (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANTOCK, RICH O</b>		NAME		
STREET ADDRESS	<b>2531 E. MILMAR DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARRAS, JOHN</b>		NAME		
STREET ADDRESS	<b>928 VILLAGE WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>		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 19.07(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: 			<b>5/25/05</b> <b>727-938-8101</b> <small>Date Date/Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					