2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041602

Title:

Name:

Address:

City-St-Zip:

Entity Name: BANKS MORTGAGE CORPORATION

() Delete

NEW PORT RICHEY, FL 34655

WAZ, RICHARD H

8701 TORCHWOOD DR.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8701 TORCHWOOD DR NEW PORT RICHEY, FL 34655 **Current Mailing Address: New Mailing Address:** 8701 TORCHWOOD DR NEW PORT RICHEY, FL 34655 FEI Number: 59-3640672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA, FL 33629 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BANKS-WAZ, DEBRA L BANKS, DEBRA L Name: Name: 8701 TORCHWOOD DR 8701 TORCHWOOD DR Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655 Title: Title: () Change () Addition () Delete Name: ZEPH, TAMARA L Name: 3243 MASTERS DR Address: Address: CLEARWATER, FL 33761 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRA L. BANKS D,P 01/04/2005

() Change () Addition