

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90396 012 ***150.00

DOCUMENT # P0000082900			
1. Entity Name BANNER CONSTRUCTION, INC.			
Principal Place of Business 191 LUCERO DRIVE PORT SAINT LUCIE FL 34983 US		Mailing Address 191 LUCERO DRIVE PORT SAINT LUCIE FL 34983 US	
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 65-1039777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

64000600



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HEINOLD, CHARLES W 128 W CARIBBEAN PORT SAINT LUCIE FL 34953				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEINOLD, CHARLES W			NAME			
STREET ADDRESS	128 W CARIBBEAN			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAX, GARY M			NAME			
STREET ADDRESS	4566 SW VAN DYKE ST			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34953			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAUSBY, CONSUELO G			NAME			
STREET ADDRESS	128 W CARIBBEAN			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUINN, MARY			NAME			
STREET ADDRESS	135 CELESTIA COURT			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATHGEBER, DONALD			NAME			
STREET ADDRESS	1297 SW BYRON STREET			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983			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 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.

SIGNATURE: *Charles W Heinold*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/04
 Date

Daytime Phone #