## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 27, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P00000101843 BANKFIRST AGENCY, INC. Principal Place of Business Mailing Address 1031 W MORSE BLVD STE 323 1031 W MORSE BLVD STE 323 WINTER PARK, FL 32789 WINTER PARK, FL 32789 No Chg-P CR2E034 (11/05) 03072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3721561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HADLEY, RALPH V III DO NOT WRITE 1031 W MORSE BLVD STE 323 WINTER PARK, FL 32789 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 1001NAME BARNES, JAMES T JR 1031 W MORSE BLVD STE 323 STREET ADDRESS CU1+51-7P WINTER PARK, FL 32789 mi MAME STREET ADDRESS CITY-ST-ZIP DILE NAM[ STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE mu NAMI STREET ADDRESS CHY ST 7P

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attacpment with an address with #1 other like empowered.

SIGNATURE:

HILL MAIN STREET ADDRESS CHY ST ZIP HILL NAME STREET ADDRESS CHY-SI-ZIP

> SNATURE AND TYPED OR PRI ED NAME OF SIGNING OFFICER OR DIRECTOR