

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000042128

1. Entity Name

BANANA SHACK, INC.



Principal Place of Business

**PO BOX 522695
MARATHON SHORES, FL 33052-2695**

Mailing Address

**PO BOX 522695
MARATHON SHORES, FL 33052-2695**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1099109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALDERA, CHRISTOPHER B P.A.
11300 OVERSEAS HWY.
MARATHON, FL 33050**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GORDON, LISA L
PO BOX 522695
MARATHON SHORES, FL 330522695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
BARHAM, EDWARD M
PO BOX 522695
MARATHON SHORES, FL 330522695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000218782
02/08/05-80002-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lisa L Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/05 3057430978

Date

Daytime Phone #