## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2007 08:00 A Secretary of State

ANNUAL REPORT					171a1 13, 2007 00.			
1. Entity Nam			Secretary of St					
JB BANT	A ENTERPRISES, INC.							
Principal Plac	e of Business	Mailing Address		1				
2910 S.E. 7		P.O. BOX 4596						
OCALA, FL 3	34471	OCALA, FL 34478		1				
_	O NOT WRITE	CE	03102007	No Chg-P	CR2E034 (11/05)			
L	O NOI WKITE	III INIS SFA	CE	4. FEI Numb		Applied For Not Applicable		
						¢9.75		
		· · · · · · · · · · · · · · · · · · ·	<del>,</del>	5. Certificate	of Status Desired	Fee Required		
	6. Name and Address of Current Re	gistered Agent	1					
	ANIEL ESQ.	Ì	DO	NOT W	/RITF			
	TH PINE AVENUE L 34474-4175							
OONBY, I	L 04474-4170			IN "	THIS SF	ACE		
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fl	orida. I am familiar with, and accept		
the obligat	tions of registered agent.		J	•				
SIGNATURE.				<u></u>				
	Signature, typed or printed name of registered agent and	ittle il applicable (NOTE, Registere	nd Agent signature required	I when reinstating)	<del></del>	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS			<u> </u>			
TITLE	PTSD		1					
NAME STREET ADDRESS	BANTA, JAMES B P.O. BOX 4596		ł					
CITY-ST-ZIP	OCALA, FL 34478	•	1					
TITLE			1		Hoo	in the state of the		
NAME STREET ADDRESS						1000667008 '07–80011–009 150.01		
CITY-ST-ZIP					007 107	OL DOOTT OND TONEOU		
THTLE			1					
NAME								
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE	-		1					
NAME				11/1	THIS SI	ACE		
STREET ADDRESS								
CITY-ST-ZIP			-					
NAME								
STREET ADDRESS			1					
CITY-ST-ZIP			-					
ITLE	t		-					

12. Thereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

352-732-5267

Daytime Phone #