

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115946

Entity Name: JB BANTA ENTERPRISES, INC.

FILED  
Jun 15, 2009  
Secretary of State

**Current Principal Place of Business:**

2910 S.E. 7TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4596  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 65-1158894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HICKS, DANIEL ESQ.  
421 SOUTH PINE AVENUE  
OCALA, FL 344744175 US

**Name and Address of New Registered Agent:**

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:**

Title: PTSD ( ) Delete  
Name: BANTA, JAMES B  
Address: P.O. BOX 4596  
City-St-Zip: Ocala, FL 34478

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: BANTA, KATHLEEN E  
Address: P.O. BOX 4596  
City-St-Zip: Ocala, FL 34478

Title: VP ( ) Change (X) Addition  
Name: BANTA, JAMES B  
Address: 2910 S E 7TH ST  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: KATHLEEN E BANTA

PRE

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date