## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2004 08:00 AM Secretary of State

ANNOAL REPORT				Secretary of State	
DOCUMENT # P02000076429  1. Entity Name BANANA BAY COMPANY, INC.				Secretary or State	
Principal Place	of Business	Mailing Address		1	
PO BOX 2970	)	PO BOX 2970			
LA BELLE, FL		LA BELLE, FL 33935		}	
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					Applicable
2 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13				5. Certificate of Status Desired   \$8.75 Additional Status Desired   \$1.75 Additional Status Desired   \$1.75 Additional Status Desired   \$1.75 Additional Status Desired   \$1.75 Additional Status Desired   1.75 Additional Status Des	
			+	Fee Required	
	5. Name and Address of Current?	legistared Agent	<u> </u>		
TREPPER	FRED		2.3.4.7.4.	DO NOT WRITE	
	USTRIAL LOOP ROAD				alaninghak)
LABELLE,				IN THIS SPACE	
				IN INIO OFACE	
9 27en alaman		the second of phonolog its society	rad office or replate	ered agent, or both, in the State of Florida. I am familiar with, a	nd accept
	named entity submits this statement for lons of registered agent.	the purpose of crianging its registe	red office of registe	ated agent, or point, in the State of Protides Training with, a	ina accept
.,	11/1/-			as lawfull	
SIGNATURE_	fast life			01/29/09	
	Signature Apped or printing frame of registered agent of	nd the sapproade (NOTE, Ingliste	red Agent signature require	so when learning)	<del>,</del>
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.0	S. Election Campaign Fin.     Trust Fund Contribution		5.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS			
TITLE	PRES				
NAME	TREPPER, FRED				
STREET ADDRESS	209 N. INDUSTRIAL LOOP				
CITY-ST-ZIP	LA BELLE, FL 33935				
TITLE				. U00000070725 03/01/04-80048-019 15	
NAME				03/01/04-20048-019 15	$\Omega$ on
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
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CITY-ST-ZIP			Culticului (1800)		بالأستنانين
TITLE				IN THIS SPACE	YEFFT
NAME	·				
STREET ADDRESS					
CITY-ST-ZIP	1		and the second	Section 119.07(3)(i). Florida Statutes, [further certify that the in	
nite					
NAME					
STREET ADDRESS	ſ				
CITY-ST-ZIP					
TITLE					
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STREET ADDRESS	1				
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	certify that the information symplect with	this filing does not qualify for the e	P oi betsta noitomex	Section 119.07(3\(i)). Florida Statutes. I further certify that the in	uformation
indicated	d on this report or supplemental report is	true and accurate and that my sign	nature shall have the	Section 119.07(3)(i), Florida Statutas, I further certify that the in e same legal effect as if made under oath; that I am an officer 07. Florida Statutes; and that my name appears in Block 10 or	or director
of the co	rporation or the receiver of trustee emp f, or on an attactiment with an address.	owered to execute this report as rec with all other like empowered.	forted by Cuabter 60	or, monda statutes; and trial my hame appears in block to of	MOOK IIII
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SIGNAT				02/24/04	