

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-11-2007 90006 040 ***150.00
P03000009259

DOCUMENT # P03000009259 1. Entity Name SHANA BANANA ENTERPRISES INC.					
Principal Place of Business 275 SE 5TH AVENUE MELROSE, FL 32666			Mailing Address 275 SE 5TH AVENUE MELROSE, FL 32666		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 1551 SE 51st ST		Suite, Apt. #, etc. 1551 SE 51st ST			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32641		Country USA		4. FEI Number 01-0780052	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, SHANA 275 SE 5TH AVENUE MELROSE, FL 32666			7. Name and Address of New Registered Agent Name Shana L. Smith Street Address (P.O. Box Number is Not Acceptable) 1551 SE 51st ST City Gainesville FL Zip Code 32641		
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 5/11/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, SHANA L 275 SE 5TH AVENUE MELROSE, FL 32666	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Shana L. Smith 1551 SE 51st ST Gainesville FL 32641	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, DANIEL L 275 SE 5TH AVE MELROSE, FL 32666	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Daniel L. Smith 1551 SE 51st ST Gainesville FL 32641	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby 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: Shana L. Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/11/07 813 263 9506 Date Daytime Phone #		

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QUICKMAIL
TALLAHASSEE, FLORIDA



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